

# SUPPLEMENT

# TO THE

# BRITISH MEDICAL JOURNAL.

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## Meetings of Branches and Divisions.

### ABERDEEN BRANCH: ABERDEEN DIVISION.

A MEETING of the Aberdeen Division to consider the report of the Council was held in the Medico-Chirurgical Society's Hall, Aberdeen, on November 12th. Dr. THOMAS MILNE, President, occupied the chair, and over one hundred practitioners were present.

*The Chancellor's Proposals.*—The following resolution was put to the meeting and carried unanimously:

That after full consideration of the Draft Regulations and the latest proposals of the Chancellor of the Exchequer as contained in his speeches and letters, this Division is of opinion that the medical profession must refuse service under the Act, and holds that negotiations can only be resumed when satisfactory assurances have been received in regard to the following points: (1) Mileage; (2) constitution and powers of the Complaints Committee; (3) abandonment of medical inspection.

*Appointments under Insurance Commissioners.*—The Division unanimously reaffirmed its resolution with regard to Drs. Cullen and Currie, who accepted appointments at the hands of the Scottish Insurance Commissioners.

### BATH AND BRISTOL BRANCH: BRISTOL DIVISION.

A SPECIAL meeting of this Division was held at Bristol University on November 11th, Dr. JAMES YOUNG in the chair. Invitations had been sent to all practitioners in the area and over 180 were present.

*The Chancellor's Proposals.*—Various resolutions were passed by the meeting for placing upon the agenda of the

Representative Meeting, referring to appeal from Insurance Commissioners, powers of local Medical Committee, right of dispensing, and protection for bona fide certificates, all carried unanimously. The following resolution was also carried unanimously:

That while regarding the Chancellor's proposals of October 23rd as showing some desire to settlement as regards payment, we consider that the terms of service are of far greater importance, and refuse to take service under the Act unless and until the conditions are so modified as to meet our requirements, which are essential if an effective medical service is to be provided for the beneficiaries under the Act.

The question was then put to the meeting in case of an unqualified Yes or No being demanded at the Representative Meeting. The answer was a unanimous No.

### TROWBRIDGE DIVISION.

A MEETING of this Division was held at the Town Hall, Trowbridge, on November 12th, at 3.15 p.m., Dr. SHORLAND (Westbury) in the chair. Twenty-four members were present, and one non-member.

*National Insurance.*—A protracted discussion took place on the report of Council on the national insurance scheme. Finally, a resolution was moved by Dr. DUPONT, seconded by Dr. ADYE, and carried unanimously:

That we authorize our Representative to support the opening of negotiations with the object of securing such amendment of the Regulations as may make them acceptable to the profession.

In the event of such resolution not being passed by the Representative Meeting, and a direct vote being taken as between (a) and (b), the meeting voted on these alternatives as follows: For (a) 15, for (b) 5, not voting 4.

BIRMINGHAM BRANCH:  
CENTRAL DIVISION.

*Instructions to Representatives.*—At a meeting of the Central and Walsall constituency, held on November 12th, the following resolutions were passed as instructions to Representatives:

That this constituency rejects Mr. Lloyd George's latest offer, and reaffirms its adherence to the six cardinal points, and refuses to take part in working medical benefit under the National Insurance Act until the six cardinal points are conceded.

The meeting agreed that this was essentially Council's recommendation (5), and agreed that Representatives, if prevented from moving this motion, should support (5).

That until some general scheme of contract or other form of medical service is approved by the Association, the members of the British Medical Association decline, after January 15th, 1913, to undertake or conduct any form of contract practice for non-insured persons, except upon such terms as shall be approved by the Council of the Association.

COVENTRY DIVISION.

A MEETING of this Division was held at the hospital on November 5th. Dr. HAWLEY was in the chair, and thirty-five members were present.

*Insurance Act.*—After discussion as to whether this Division should or should not accept service under the Insurance Act, it was decided:

That this Division refuse service under the Act.

During the debate it became evident that the conditions of service were considered unsatisfactory, and the following rider was added and carried unanimously as a substantive motion:

If the regulations concerning mileage extras and record-keeping are modified to meet the demands of the profession, this Division would accept the financial offer of the Government.

*Defence Fund.*—Nineteen members signified their intention of increasing their guarantees to the Defence Fund.

DUDLEY DIVISION.

A MEETING of this Division was held in the Council Chamber, Town Hall, Dudley, on October 31st. Dr. W. KIRKPATRICK was in the chair, and forty-five members and one visitor were present. All practitioners resident in the Division—members and non-members—had been invited.

*The late Dr. Arnold Thompson.*—On the proposition of the CHAIRMAN, a vote of sympathy with the relatives of the late Dr. Arnold J. Thompson was passed.

*Payment of Expenses of Representative.*—The CHAIRMAN read a letter from Dr. C. L. Hawkins, Secretary of the Bromsgrove Division, suggesting that the two Divisions should conjointly pay the hotel and other expenses incurred by the Representative in attending the Annual and Special Representative Meetings since the introduction of the National Insurance Bill. It was decided that each practitioner should pay 3s.

*Central Defence Fund.*—The SECRETARY gave the particulars of the Central Defence (Guarantee) Fund for the Division up to present date. The total amount promised is £951 ls.; forty-five practitioners have guaranteed £20 each, three £10, three £5, one £3, one £2, and one £1 ls.; £55 4s. of this sum had actually been paid.

*Club Resignations.*—The SECRETARY also reported that on September 29th he had sent in 615 club resignations, received from forty-three practitioners. Two had sent their forms in through the Secretary of the South Staffordshire Division at Wolverhampton, while those belonging to four had not been received.

*Insurance Act.*—The meeting then considered the National Health Insurance (Medical Benefit) Regulations, 1912, issued by the Commissioners on October 1st, and the speech of the Chancellor of the Exchequer to the Advisory Committee on Wednesday, October 23rd offering new terms to the profession. A long discussion took place, in which part was taken by the CHAIRMAN, Drs. WHITCOMBE, JOHNSON, MASON, DUDLEY, MESSITER, WILKINSON, J. G. BEASLEY, A. FREER, McMILLAN, GIFFORD, HIGGS, TIBBETTS, and the SECRETARY. Dr. MITCHELL moved and Dr. J. G. BEASLEY seconded a proposition:

That this Division approves of the panel system.

This was put to the meeting and carried unanimously.

Dr. GIFFORD proposed and Dr. McMILLAN seconded a proposition:

That this Division accepts the offer of 9s. per insured person, the dispensing to be done by the medical practitioner.

Dr. TIBBETTS proposed and Dr. McQUEEN seconded an amendment:

That we accept the offer of 7s. or more per insured person exclusive of dispensing.

The amendment was put and it was carried with two dissentients. The amendment was then put as the substantive resolution and carried unanimously. The questions of the income limit and dispensing were discussed. Dr. WILKINSON moved and Dr. HIGGS seconded a resolution:

That this meeting is of opinion that the dispensing would best be done by the medical profession.

On being put this resolution was carried unanimously.

*Instructions to Representative.*—Instructions were given to the Representative to vote at the Special Representative Meeting, to be held in London on November 19th and 20th, in accordance with these resolutions; on other matters it was arranged that he should have a free hand.

WARWICK AND LEAMINGTON DIVISION.

At a meeting of the practitioners resident in this district, at which thirty-eight were present, it was decided with one dissentient:

That service should be given provisionally under the Insurance Bill on condition that certain extras, such as mileage and tuberculosis, should receive additional remuneration.

CAMBRIDGE AND HUNTINGDON BRANCH.

A MEETING of this Branch was held at the University Arms Hotel, Cambridge, on November 8th. Dr. TYLER, President, was in the chair, and 120 members and others present.

*The Chancellor's Proposals.*—The meeting was held for the purpose of considering the Chancellor's latest proposals. The following resolutions were carried:

A. That in the opinion of this meeting the medical profession should refuse any financial offer under the National Insurance Act until the conditions of service are made compatible with the best interests of the insured and of the profession.

That this meeting considers that the conditions of service laid down in the Regulations issued by the Insurance Commissioners, notwithstanding the fresh conditions foreshadowed by Mr. Lloyd George in his speech on October 23rd, are intolerable to medical men, and would destroy the independence of the medical profession.

B. That the members of the Cambridge and Huntingdon Branch of the British Medical Association are willing to accept service under the National Insurance Act under the conditions set out in paragraph 114 of the Report of Council to the Divisions and Representative Body, provided that the following services or conditions are scheduled in the Regulations as not being included in the capitation fee of 6s. 6d.:

- I. (a) Mileage beyond a two-mile radius.
- (b) Operations requiring general anaesthesia.
- (c) Administration of general anaesthetics.
- (d) Fractures and dislocations.
- (e) Miscarriages and abortions.
- (f) Diseases the result of personal misconduct.
- (g) Night visits and special visits.
- (h) Special eye work and refractions.
- (i) Dental work.

II. Any practitioner on the panel shall have the right, if he is prepared to certify that a case demands it, to obtain the services of a specialist, at the patient's home or at an institution, to advise as to the further treatment under the care of the doctor or as to transfer to an accredited institution.

III. In each area or group of areas facilities for:

- (a) X-ray work and treatment.
- (b) Microscopic examinations, cultures, serums, etc.
- (c) Chemical analyses.

IV. No insured person shall be entitled to receive medical benefit when that person's income exceeds the £3 limit.

C. Any medical man on a panel shall, in return for 2s. per annum for each insured person on his list, have the option of providing for all such insured persons all medicines and dressings necessary for their treatment; but in return for this payment he shall not be bound to provide the following:

Surgical appliances; serums; oxygen; bottles, jars, etc.

- D. That a flat rate be adopted for payment of mileage over a two-mile radius.
- E. That an endeavour be made to induce the Insurance Commissioners to consider the Isle of Ely and Fen districts generally as "abnormal places" for the purpose of assessing mileage under the Act.

## ISLE OF ELY DIVISION,

A SPECIAL meeting of this Division was held at the Griffin Hotel, March, on November 5th. Dr. H. C. MEACOCK presided.

*The Chancellor's Proposals.*—The Government's proposals were considered. The following resolutions were passed unanimously:

1. That in the opinion of this meeting the medical profession should refuse any financial offer under the National Insurance Act until the conditions of service are made compatible with the best interests and honourable position of the profession.

That this meeting considers the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable to any self-respecting medical man, and would for ever destroy the independence of the medical profession.

2. That the British Medical Association be requested to reopen negotiations with the Government with the object of securing the six cardinal points.
3. That the Isle of Ely Division are willing to accept a capitation grant of 8s. 6d. clear per insured person, exclusive of tuberculosis and sanatorium benefit.

That, in return for this 8s. 6d., ordinary medical and surgical treatment and attendance within a radius of two miles will be given, together with the provision of drugs and dressings.

Such treatment shall, however, not include the following:

Attendance beyond a two-mile radius, confinements, miscarriages, abortions, vaccinations, fractures, dislocations, consultations, anaesthetics, night calls, special certificates other than those to obtain sickness benefit under the Act.

Reports, medical attendance in consequence of personal misconduct.

Illness arising from confinements or miscarriages within one month.

Operations requiring local and general anaesthetics and operative dentistry.

Cod-liver oil, linseed meal, serums, vaccines, oxygen, surgical appliances, bottles, jars.

Special examinations—that is, refractions, x ray, and bacteriological.

Examinations, court attendances, etc., under the common law or Workmen's Compensation Act, Employers' Liability, and other statutes.

These terms are subject to the following conditions:

That the Medical Committees have the power to fix the income limit for their own districts in consultations with the local Health Committees.

That adequate provision be made for mileage over two miles, special visits, and night calls.

That no detailed notes of cases be required of the practitioners.

That no Government or lay inspectors be recognized.

That if these extras are not paid for by the Government they shall be recoverable from the insured person.

## DORSET AND WEST HANTS BRANCH:

## WEST DORSET DIVISION.

A MEETING was held at Dorchester on November 12th, Dr. W. C. SPOONER in the chair. There were present fifty-one members, the largest meeting ever held in this Division.

*The Chancellor's Proposals.*—The following resolution was carried by 43 to 8:

That this meeting is of opinion that the terms now granted are totally inadequate; that the Government has not met the profession on the subject of free choice of doctor, adequate representation or remuneration; but that, as the Government has shown some willingness to meet the profession, it is willing to authorize the State Sickness Insurance Committee to negotiate with the Government, such negotiations to be based upon the different resolutions sent up by the Divisions at the coming Representative Meeting in London.

The following other resolutions were passed:

1. That it is absolutely essential that we have the option of doing our own dispensing.
2. That, if we receive the whole 9s., we will drop the question of mileage.
3. That half the local Insurance Committee be representatives of the medical profession.
4. We object most strongly to inspectors.

5. Abortions and miscarriages must come under the maternity benefit.
6. We object to keeping medical records.
7. No medical attendance for illness due to drunkenness or venereal disease.
8. We are prepared to attend old club people over 70 at the same rate as formerly.

## EAST ANGLIAN BRANCH:

## MID-ESSEX DIVISION.

*The Chancellor's Proposals.*—The following resolutions were carried at a meeting of medical men in the Mid-Essex Division, held at Chelmsford on November 7th:

1. That this meeting refuses to give service under the Act as it stands at present.
2. That this meeting is in favour of reopening negotiations with the Government, using the last offer of the Chancellor as a basis for; if possible, arriving at a settlement; and that our Representative be instructed to vote accordingly.
3. That this meeting supports any scheme that may be brought forward for a Public Medical Service in which the approved societies and the profession are called to a conference to discuss the matter, and that any local Division may proceed in this direction.

## NORWICH DIVISION.

*The Chancellor's Proposals.*—The following resolution was adopted at a meeting of this Division:

That the recent offer of the Chancellor of the Exchequer affords the British Medical Association an opportunity of conferring with him and with the Commissioners as to the points on which the demands of the profession have not yet been met.

## WEST SUFFOLK DIVISION.

A VERY largely attended meeting of this Division, at which were present other practitioners in the area, was held in Bury St. Edmunds on November 7th.

*Insurance Act: Report of Council.*—The following resolutions were adopted:

1. That the members of this Division, while appreciating the fact that the Chancellor has partially conceded certain of the demands of the profession, feel that the concessions are insufficient, and the Regulations imposed so unsatisfactory, as to render it impossible for them to take service under the Act, but consider that the Chancellor has so far conceded their demands that the time has now arrived to reopen negotiations.
2. That the question of a Public Medical Service be shelved altogether, any such scheme being, in the opinion of the Division, unworkable.
3. That this Division requests the Council of the Association to take steps to expel from the Association those members who remained on the Advisory Committee in defiance of the terms of their pledge.
4. That in the event of the Council of the British Medical Association being authorized by the Representative Meeting to reopen negotiations with the Chancellor, our Representative be instructed to urge for special consideration of the following points:
  1. Representation on all committees.
  2. Mileage.
  3. Definition of extras and special treatment.
  4. Advisability of any doctor being allowed to dispense.
  5. Clerical work under the Act.
  6. Inspection under the Act.

## EDINBURGH BRANCH:

## EDINBURGH AND LEITH DIVISION.

*The Chancellor's Proposals.*—At a very largely attended meeting, held on November 12th, to which all local practitioners had been invited, the following resolution was unanimously and enthusiastically adopted:

After consideration of the Chancellor's statement along with the Provisional Regulations for Medical Benefit, the Division instruct their Representatives to vote "to refuse service under the Act until the irreducible minimum demands of the Association are granted."

## GLASGOW AND WEST OF SCOTLAND BRANCH:

## GLASGOW EASTERN DIVISION.

*The Chancellor's Proposals.*—The following resolutions were adopted at a meeting of the Division for submission to the Representative Meeting:

1. That negotiations with the Government in the National Insurance Act be resumed.
2. In the event of negotiations being reopened—
  - (a) That the Council be instructed to convey to the Commissioners the opinion of this meeting, that there is too much indirect and too little direct representation on

the local Insurance Committees, and that the British Medical Association must regard as unsatisfactory a medical representation which is not directly responsible to the profession.

(b) That it be an instruction to the Council to endeavour to have the Regulations so amended that under no circumstances will it be possible for the Commissioners to remove a registered medical practitioner from the panel.

(c) That it be an instruction to the Council to endeavour to have the Regulations so amended that all procedure relating to complaints may be carried out in the strictest privacy.

### 3. In the event of it being decided not to give service under the Act—

That this Representative Meeting requests the Council to take a postal vote of the whole profession in England, Scotland, and Wales to decide whether they will work or refuse to work the Act under the conditions offered.

## LANCASHIRE AND CHESHIRE BRANCH:

### BOLTON DIVISION.

*The Chancellor's Proposals.*—At a meeting of the medical practitioners of Bolton and district held on November 12th, at which sixty of the members of the profession were present, the following resolution was passed, with one dissentient:

That in the opinion of this meeting the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable, notwithstanding the new proposals foreshadowed by Mr. Lleyd George in his speech on October 23rd, and would destroy for ever the independence of the medical profession; therefore, any financial offer under the National Insurance Act should be refused until the conditions of service are made compatible with the best interests and honourable position of the profession.

### BURNLEY DIVISION.

*Insurance Act Regulations.*—At a meeting of this Division held at the Exchange Hotel, Burnley, at which upwards of sixty members of the profession were present, the following resolution was adopted:

That in the opinion of this meeting the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable, notwithstanding the new proposals foreshadowed by Mr. Lloyd George in his speech on October 23rd, and would destroy for ever the independence of the medical profession; therefore, any financial offer under the National Insurance Act should be refused until the conditions of service are made compatible with the best interests and honourable position of the profession.

Another resolution passed unanimously refused service under the Act and the present Regulations.

*Instructions to Representative.*—The Division also refused to instruct their Representative to consider the recent offer made by the Chancellor of the Exchequer, as affording the British Medical Association an opportunity of conferring with him and with the Commissioners as to the points on which the demands of the profession have not yet been met. The Division also resolved to adhere to the policy of the Association that payment for domiciliary attendance under the sanatorium benefit should be per attendance, and not under capitation, as recently suggested by the Chancellor of the Exchequer.

### CHESTER AND CREWE DIVISION.

*Insurance Act Regulations.*—The following resolution was passed unanimously at a meeting of the Division on November 8th:

That this meeting considers that the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable to any self-respecting medical man, and would destroy for ever the independence of the medical profession; we therefore decline to take service under the present Regulations.

### LIVERPOOL DIVISION.

A MEETING of this Division was held on November 12th at the Medical Institution. Dr. N. P. MARSH, Chairman, presided. Both members and non-members of the Association were present. The meeting was large, and representative of the medical profession in Liverpool and district.

*Report of Council.*—The Report of Council, as published in the JOURNAL for November 2nd, was to be considered, and as Clause 115, relating to service under the National Insurance Act was the most important matter in that report, the Division took it first into discussion. Dr. O'SULLIVAN proposed the following resolution, which was seconded by Mr. DAMER HARRISSON:

That it is the opinion of the members of the Liverpool Division assembled in general meeting that the acceptance of the

financial offer made recently to the profession by the Chancellor of the Exchequer would not be consistent with the irreducible minimum sum demanded by the Association, and is associated with regulations inimical to the self-respect and independence of the profession; that the main cardinal points required have not been granted; that the said offer should be declined, and that this meeting should instruct the Representatives of the Division at the forthcoming Representative Meeting to oppose the acceptance of any such offer.

Speeches were made in support of this by Drs. BARNES, J. WALKER, NEVINS, UTTING, and SHAW. Dr. HARVEY proposed as an amendment:

That negotiations be reopened with the Government subject to the following conditions:

(i) That the financial terms offered by the Government be provisionally accepted provided always that there be a specific guarantee that 7s. per insured person for "ordinary" medical attendance, exclusive of medicine, be paid to the doctor *without further deductions*, for each insured person on his list, and 9s. to include drugs where the doctor is allowed to dispense his own medicines.

(ii) That such modifications be made in the Regulations as will make it quite clear that consultations, all surgical operations, except minor surgical operations, all x-ray work and ophthalmic work are outside the contract, and laboratory work.

(iii) That a considerable increase of medical representation on the local Insurance Committees be granted.

(iv) That the demand for "returns" of patients treated be withdrawn.

(v) That the terms and conditions of contract be reconsidered at the end of two years.

(vi) That the proposed inspection of medical services be withdrawn.

This was seconded by Dr. MCFEELEY. The amendment was opposed by Drs. SHAW and R. T. BAILEY, who drew attention to Leaflet 15 issued by the Insurance Commissioners with regard to their being no income limit for voluntary contributors. Other members having taken part in the discussion, Dr. Harvey's amendment was lost by a large majority. Dr. O'Sullivan's motion then being put to the meeting, it was carried by a large majority, and it was unanimously agreed that the Representatives be instructed to vote for refusal for service under the Act.

### MANCHESTER (CENTRAL) DIVISION.

A MEETING of this Division was held at Manchester on November 12th, non-members having been also invited. Dr. BURY was in the chair, and twenty-nine were present.

*Provisional Local Medical Committee.*—On the proposition of Dr. FERGUSON, seconded by Dr. DONALD, it was resolved unanimously:

That the names of the Chairman (Dr. Bury), the Honorary Secretary (Dr. Tylecote), and Dr. T. A. Helme be forwarded to the Branch Council as suggested representatives on the proposed Administrative County Medical Committee.

*Expenses of Representatives.*—On the proposition of Dr. DONALD, seconded by Dr. ARNOLD JONES, it was resolved *nemine contradicente*:

That the expenses of Representatives, members of Council, and members of committees appointed from members of the Lancashire and Cheshire Branch should be met by a general voluntary levy on all members of the Branch; and, further, that the rate of payment be one guinea per day.

*Sanatorium Benefit.*—On the proposition of Dr. HELME, seconded by the CHAIRMAN, it was resolved unanimously:

That Dr. J. Ferguson and Dr. Tylecote be the Representatives of this Division on the Special Subcommittee of the Joint Committee of Manchester and Salford, which is to be formed of representatives of hospitals and of Divisions to act as an advisory committee to the Sanatory Committee in the matter of sanatorium benefit.

*Report of Council.*—The Report of Council *re* position *re* National Insurance Act was considered, and on the proposition of Dr. T. A. HELME, seconded by Dr. DONALD and supported by Dr. REYNOLDS, it was resolved unanimously to instruct the Representative as follows:

To vote for (b) and against (a), that is, to vote for refusing service under the Act, and to vote against giving service under the Act under the conditions set out in Paragraph 114 of the Report.

On the proposition of Dr. TYLECOTE, seconded by Dr. MURRAY, the Representative was further instructed as regards the rest of the report to use his own discretion, voting for what he knows to be the wishes of the Division.

*The Regulations.*—On the proposition of Dr. REYNOLDS, seconded by Dr. FERGUSON, it was resolved unanimously:

That the following resolution be entered as a notice of motion on the agenda of the Special Representative Meeting, and moved by our Representative, Dr. T. A. Helme:

"That in the opinion of the Representative Meeting the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable—notwithstanding the new proposals foreshadowed by Mr. Lloyd George in his speech on October 23rd—and would destroy the independence of the medical profession. Therefore any financial offer under the National Insurance Act should be refused until the conditions of service are made compatible with the best interests and honourable position of the profession."

*Public Medical Service Schemes.*—A motion that the Representative take no part in any discussion on Public Medical Service schemes having been lost by 8 to 10, it was resolved, on the proposition of Dr. HELME, seconded by Dr. TYLECOTE:

That our Representative be instructed to support the resolutions (a) and (b) of the Committee of which Dr. Ledward is Honorary Secretary when they are brought forward at the Representative Meeting.

#### MANCHESTER (NORTH) DIVISION.

A MEETING of the whole profession in the area of this Division was held on November 8th, Dr. FRASER in the chair. Sixty-two medical men were present.

*Correspondence.*—Correspondence from the Branch Council was read and dealt with as follows: (1) Regarding appointment of Provisional Local Medical Committee for county. Agreed to and referred to Provisional Local Medical Committee of Division. (2) Regarding voluntary levy to pay expenses of Representative, etc. Agreed to.

*New Ethical Rules.*—Resolutions under new ethical rules were unanimously adopted as under:

1. That in the opinion of this Division no contract should be made for medical attendance upon insured or uninsured persons at any lower rate than—
  - (a) 8s. 6d. per head per annum exclusive of medicines, appliances, and extras, or
  - (b) A scale of payment per attendance to be approved by the Division.
2. That no member of the Division shall enter into any contract for medical attendance upon insured or uninsured persons except on such terms as are approved by the Division, and then only through the Provisional Local Medical Committee.

*Early Notification of Births Act.*—The Early Notification of Births Act was considered but no resolution adopted.

*Report of Council.*—The following resolutions were adopted and instructions given to the Representative accordingly:

1. That, with all the information before us contained in the Regulations and the Chancellor's latest speech, we adhere to the seven cardinal points without modification.

Unanimous.

2. That this Division refuses to work the Act under the Regulations.

Unanimous.

3. That negotiations must not be reopened till the seven cardinal points are conceded.

This was carried by 50 votes to 12.

*Public Medical Service.*—Resolutions connected with the Public Medical Service, Scheme D, communicated by Dr. LEDWARD, were approved, and the Representative instructed to vote in favour of them.

#### *Resolutions to be Submitted to Representative Meeting.*

The following resolutions have been adopted for submission to the Representative Meeting:

1. That in the light of information available at present the seven cardinal points must be adhered to.
2. That this meeting refuses to work the Act under the Regulations.
3. That negotiations must not be reopened till the seven cardinal points are conceded.
4. That it be an instruction to Council that in any Public Medical Service scheme submitted for approval the inclusion of the principle of co-operation with contributing lay bodies in the administration shall not be ground for the withholding of such approval providing that control of purely professional matters remains with the profession.
5. That in view of the Regulations respecting medical benefit issued by the Commissioners and the recent explanation of the Chancellor of the Exchequer, this Representative

Meeting would urge the Divisions seriously to consider again the advisability of adopting a scheme of payment in full for services rendered on a suitable tariff, the risks of insurance to be borne by the Government or contributing lay bodies or both conjointly.

#### MANCHESTER (SOUTH) DIVISION.

At a general meeting of this Division held on November 12th, under the presidency of Dr. EDLIN, forty-seven members were present.

The report of the Council on the Insurance Act, the recent statement by the Chancellor, and the Regulations were not criticized in detail, but the Division proceeded at once to the discussion of par. 115 (SUPPLEMENT, BRITISH MEDICAL JOURNAL, November 2nd, p. 489). The CHAIRMAN brought forward the following resolution:

That this Division instructs its Representative to vote in favour of giving service under the Act under the conditions set out in par. 114 of this report.

Drs. WEBB, STOCKS, COTTERILL, HOPKINSON, SARJANT, and BARR spoke to the resolution. Whereupon Dr. SALTER proposed, and Dr. HOLT seconded, the following amendment:

That (a) in the opinion of this meeting of the Manchester (South) Division of the British Medical Association the medical profession should refuse any financial offer under the National Insurance Act until the conditions of service are made compatible with the best interests and honourable position of the profession; and (b) that this meeting considers the conditions of service laid down in the Regulations issued by the Insurance Commissioners intolerable to any self-respecting medical man, and calculated to destroy forever the independence of the profession.

The amendment on being put was carried with 4 dissentients, and as a substantive motion with 1 dissentient. The CHAIRMAN then put (b) of paragraph 115:

To instruct the Representative to vote against accepting service under the Act.

This was carried with 4 dissentients.

The meeting was absolutely opposed to negotiation by plenipotentiaries.

#### PRESTON DIVISION.

A MEETING of the members of the medical profession in this Division was held on November 12th. Dr. R. C. BROWN, President, was in the chair, and 73 out of a possible 113 were present.

*Report of Council.*—The HONORARY SECRETARY read the Council's report, Part C, and the alternative suggestions therein contained. Dr. RIGG advocated firmness, and said that they had put before the Chancellor their absolutely irreducible minimum, and that nothing had happened since July last to cause them to reduce their demands. Dr. LEIGHTON, of Chorley, moved that the offer of the Chancellor be rejected. This was seconded by Dr. SHARPLES and supported by Dr. HADFIELD. Dr. D. W. BROWN, while in agreement with the previous speakers, suggested that it might be advisable to confer with the Chancellor. This was seconded by Dr. FRASER. Dr. PIMLEY drew the attention of the meeting to the fact that the Chancellor would not confer unless their representatives were able to make final arrangements. Drs. MOONEY, RAYNER, SELLERS, and LEA spoke supporting the original resolution. Dr. BROWN's addition to the resolution, "to confer," was put and four voted for it. The original resolution was then put and carried unanimously with great enthusiasm.

*Provisional Local Medical Committee.*—Dr. Petyt, of Longton, Dr. Lea, of Chorley, and Dr. Pimley, of Fulwood, were elected to represent the Preston Division on the County Medical Committee (Provisional).

*Expenses of Representatives.*—It was decided to agree to the resolution passed by the Lancashire and Cheshire Branch that Representatives and members of Council be paid their expenses up to one guinea a day by a voluntary levy on members of the Branch.

*Vote of Thanks.*—Dr. MOONEY moved a vote of thanks to the Chairman, which was received with acclaim and suitably responded to.

#### SALFORD DIVISION.

THE Division has instructed its Representative to move the following resolutions at the forthcoming Representative Meeting:

1. That we refuse service under the Act unless and until the Regulations and terms of service are altered to our satisfaction.

2. That special visits and night visits be not included in medical benefit, but should be paid for by the assured, and that any resolutions contrary to the spirit of this resolution be rescinded.
3. That all industrial accidents and diseases shall not be included in medical benefit.
4. That abortions, miscarriages, and diseases due to misconduct be excluded from medical benefit.
5. That the Government be urged to establish a central fund for mileage, not as a deduction from the capitation fee.
6. That either patient or doctor can change at any time.
7. That the cost of modern methods of diagnosis, where such methods entail extra expense, come from the patient, and not from the capitation fee.
8. That the Representative Meeting deeply resents the disloyalty of those members of the Advisory Committee who, disregarding the call of the Association to resign, remained on the Advisory Committee.
9. That no disciplinary regulations be accepted which do not provide for a final appeal to a specially appointed medical tribunal.

#### METROPOLITAN COUNTIES BRANCH: CITY DIVISION.

The most largely attended meeting yet held by the Division took place on November 8th at the Town Hall, Hackney. Nearly a hundred medical men attended, invitations having been sent to the profession throughout the district.

*Model Ethical Rules.*—The model ethical rules were proposed and adopted.

*Insurance Act.*—THE CHAIRMAN (Dr. David Ross) called upon Dr. MAJOR GREENWOOD, who gave a lucid and exhaustive summary of the present position, the true inwardness of the Chancellor's latest offer, and the report of the Council. After discussion, Clause 115, Sec. (b), was put—namely, to refuse service under the Act. This was carried unanimously. In the event of the Representative Meeting passing an adverse decision to this and recommending Clause 115 A, the following riders were approved as instructions to Representatives:

1. That all tuberculosis work shall be kept entirely separate from medical benefit, and shall be paid for on the principle of payment for work done and under no circumstances by capitation.
2. (a) That the Regulations shall be remodelled so that all matters of discipline affecting the profession shall be decided by the profession.  
(b) Also all complaints against a medical man.  
(c) The method of calculating the numbers attended altered and made equitable.  
(d) That the amount of payment to the doctor be fixed at whatever it may be, and otherwise made to harmonize with the demands of the profession.
3. That no medical man who has remained on the Advisory Committee in opposition to the wishes of the British Medical Association shall be given any position of authority over medical men.
4. That the 1906 resolution, that no representation of lay persons be allowed on the management of a Public Medical Service, be rescinded.
5. That the dispensing of medicines be retained by the practitioner if he so desires.
6. That the chief tuberculosis officer should not be the whole-time M.O.H.
7. That simple records, certificates, and other reports required by the Commissioners should be clearly defined before work under the Act is commenced, and that the Commissioners shall undertake not to subsequently extend the scope of these requirements without adequate payment.
8. That any medical man may employ a locum tenens during holidays, illness, or temporary absences, and that he may also employ a qualified assistant.
9. That doctors be requested not to consent to serve on any panel until the differences between the Commissioners and the profession are settled as a whole.
10. That the resolutions passed at this meeting be the instructions to the Representatives at the next meeting of the Representative Body.
11. That the Chairman and Secretary be authorized to issue a brief notice to the press of the decisions arrived at by this meeting, and that future policy as to communication to the press be referred to the Executive for consideration and report.

*Dr. Evan Jones's Scheme for Attendance upon Clubs.*  
It was resolved:

That it is the opinion of the City Division that at present our only duty consists of naming conditions and terms upon which we are prepared to attend clubs and societies, and the Division has provisionally decided to adopt the following scheme, subject to the consent of the Association, if the Representative Meeting decides to refuse service under the Act:

*Conditions and Terms on which the Medical Profession in the Division will attend Clubs and Societies.*

1. Free choice of doctor by the insured or club patient and of patient by doctor.
2. An income limit of £2 a week and a radius of two miles.
3. All arrangements to be made through the local Medical Provisional Committees.
4. A list of doctors willing to act to be drawn up for each borough council area.
5. That the doctors will accept all patients they are now attending upon contract terms upon their future list without examination if the patients so desire, but any new cases applying to go on any doctor's list shall be examined. (This is subject to the £2 limit.)
6. The arrangements made between committees and clubs shall be terminable by not less than three months' notice on either side.
7. Any complaints to be made to the secretary of the Divisional Provisional Committee, which undertakes to deal with them in a fair spirit.
8. The remuneration shall be (a) a capitation payment for ordinary attendance as given in the past of 9s. (or 9s. 6d.), including medicine and dressings, such capitation fee shall not include the items mentioned in Clause 23 of Service A (see SUPPLEMENT of September 14th, 1912) and the fees therein mentioned shall be payable in addition; or (b) payment for work done in accordance with the scale in Scheme B, Clause 24, and the extras as stated in Clause 23.
9. Each society shall supply at the commencement of each quarter a list in duplicate of the members it wishes each doctor to attend, and this list can be corrected on the first day of each of the succeeding two months; and at the end of the quarter the amount due to the doctors shall be paid to the treasurer of the local Medical Provisional Committee, together with any fees due for extras, an account for which shall be rendered monthly or quarterly as arranged.

#### EALING DIVISION.

At the meeting of this Division on November 13th, attended by fifty-two members, a resolution was unanimously adopted instructing the Representative of the Division to record his vote at the Representative Meeting for an absolute refusal to work the Act until the whole of the cardinal points are conceded in the regulations.

#### EAST HERTFORDSHIRE DIVISION.

A MEETING of this Division, to which all practitioners resident within the area were invited, was held at the Shire Hall, Hertford, on November 13th. Dr. A. J. BOYD was in the chair, and thirty-three members and four non-members were present.

The following resolutions were passed:

- That in the opinion of this Division the financial provision contained in the latest offer of the Chancellor of the Exchequer is inadequate and cannot be accepted.  
That this Division instructs its Representative to support and if necessary to move:  
That this Representative Meeting direct the Council to inform the Commissioners that the Association, whilst adhering to its minimum demands as formulated in the letter of February 29th, 1912, is prepared to appoint representatives with power to negotiate on the basis of payment in full for services rendered under a system in which the medical practitioner is not required to undertake the risks of insurance.

#### FINCHLEY AND HENDON DIVISION.

At a meeting of this Division on November 8th, to which all practitioners in the area were invited, the following resolution was passed unanimously:

That in the opinion of this meeting the Regulations issued by the Insurance Commissioners and the latest proposals of the Chancellor of the Exchequer, although they afford an opportunity for further negotiations, are such that the medical profession should decline to take service under the Act and Regulations as at present constituted.

#### GREENWICH AND DEPTFORD DIVISION.

At the inaugural meeting of this Division the following resolution was unanimously adopted:

- That this meeting of the Greenwich and Deptford Division is of opinion that negotiations should again be opened and conducted with the Government, with a view of obtaining further concessions, namely:
1. Dispensings or drugs to be supplied by the practitioner for his own patients.
  2. Remuneration of 9s. per head per insured person.
  3. Regulations of the Commissioners to be framed so as to allow individual members of the profession to work the Act without any sacrifice of self-respect.

## HAMPSTEAD DIVISION.

A MEETING of this Division was held on November 8th at the Central Library, Finchley Road. Mr. E. E. WARE was in the chair, and seventeen members and visitors were present.

*Correspondence.*—Correspondence with the Medical Secretary with reference to the adoption of model ethical rules was read. Also a communication from the Central Organization Committee enclosing proposed list of constituencies for the year 1913-14.

*Public Medical Service.*—A communication was read from the Honorary Secretaries of the Branch enclosing recommendations to Divisions to form a Public Medical Service forthwith. This was referred to the Provisional Medical Committee.

*Special Representative Meeting.*—Letters were read from the Medical Secretary with reference to the Special Representative Meeting on November 19th and 20th. It was decided that the appointment of Deputy Representative be considered at the special meeting of the Division on Monday, November 11th.

*Various Communications.*—A letter from the news editor, *Morning Post*, was read, and thereupon Dr. GLOVER moved, Dr. PRITCHARD seconded, and it was carried unanimously:

That the decision of the special meeting next Monday be sent for publication to the *Morning Post* and to the Central News Agency or to the Press Association.

Communications have been received from the City Division and from Dr. Ledward upon public medical service schemes, and were referred to the Provisional Medical Committee.

There were also received (1) a circular letter and pamphlet from the remaining members of the Advisory Committee, (2) a statement from Dr. E. R. Fothergill, (3) a circular letter and criticism from the National Medical Union, and (4) a report from the Bristol Provisional Medical Committee, all having reference to the regulations for medical benefit and the new proposals from the Government.

*Paper.*—Mr. D'ARCY POWER read a very interesting paper upon recent progress in connexion with syphilis. After a general discussion and reply by Mr. POWER, a very hearty vote of thanks was accorded to him.

The meeting terminated at 9.45 p.m.

A special meeting of the Hampstead Division was held on Monday, November 11th, at 4.30 p.m., at the Central Library, Finchley Road. Mr. E. E. WARE was in the chair. Non-members of the Association had been invited to attend, and over forty-eight practitioners attended.

*Correspondence.*—The HONORARY SECRETARY read a letter from Dr. Winslow Hall giving notice of motion; and from the Medical Secretary a confidential communication upon the condition of the Central Defence Fund.

*Central Defence Fund.*—Mr. OPPENHEIMER moved, and Dr. COODE ADAMS seconded:

That the Representative be instructed to move that this Representative Meeting instructs the Council to separate the administration from the compensation fund.

This was carried by 21 votes to 2.

*Report of Council.*—Upon the motion from the Chair, it was agreed to consider parts B and C of the Council's report before part A.

*Deputy Representative.*—Dr. Oakley was first proposed as Deputy Representative at the Representative Meeting, but withdrew in favour of Mr. Ware, who consented to act.

*Instruction to Representative.*—Dr. WINSLOW HALL moved and Dr. DEWAR seconded:

That the Hampstead Division desires to give service under the Act under the conditions set out in paragraph 114 of the Council's Report.

The motion was lost by 6 votes to 38. Dr. MAJOR GREENWOOD attended and spoke against the motion. A motion:

That the Representative be given a free hand, was moved by Dr. OPPENHEIMER and seconded by Dr. SHARMAN, whereupon an amendment by Dr. BARON, seconded by Dr. PRITCHARD—

That the Representative be instructed to refuse service under the Act as it stands—

was carried by 29 to 9. Upon the amendment becoming the substantive motion, Dr. OPPENHEIMER moved an amendment, which was seconded by Dr. PIDCOCK:

That the motion read "to refuse service under the Act under the conditions set out in paragraph 114 of the Council's report."

The amendment was lost by 16 to 19. The substantive motion was carried by 32 to 4. Dr. FORD ANDERSON moved and Mr. DORRELL seconded:

That after careful consideration of the Chancellor's statement of October 23rd and the provisional regulations of the Insurance Commissioners, taken in conjunction with the medical provisions of the National Insurance Act, the Hampstead Division considers that to accept the Chancellor's offer and take service under the Act would be to undertake an inefficient service, to sell the freedom and degrade the status of the profession.

This was put to the whole meeting and carried with only four dissentients. Upon Part A of the Council's Report, Dr. PRITCHARD moved and Dr. BARNETT seconded:

That the Representative be given a free hand with regard to any question that may arise.

This was carried *nemine contradicente*.

## HARROW DIVISION.

A MEETING of this Division, to which every practitioner within the area of the Division was invited, was held in the Gayton Rooms, Harrow, on November 7th. Dr. WILLIAMS was in the chair, and thirty-six practitioners were present.

*Report of Council.*

The paragraphs to which the attention of Divisions was in particular drawn were considered and the Representative instructed thereon.

The CHAIRMAN opened the discussion on the present position of the medical profession in relation to the National Insurance Act, analysing the new offer made by Mr. Lloyd George in his speech on October 23rd.

After discussion, in which many members took part, resolution (a) of the Council was put from the Chair. The following amendment was then proposed by Dr. PENNEFATHER and seconded by Dr. LOCKE:

That our Representative be instructed to support a resolution to reopen negotiations with the Commissioners, on the distinct understanding that the capitation fee now offered shall only entitle the insured person to ordinary medical and surgical treatment similar to that given in the past on contract practice rates, and to the necessary certificates entitling him to claim sick benefit under the Act.

On a vote being taken, this was declared to be a tie, 16 votes being cast either way; the Chairman gave his casting vote in favour of the amendment, which was therefore carried.

Whereupon the following amendment was proposed by Mr. ARMIT and seconded by Dr. HILDESHEIM:

To reopen negotiations with the Commissioners with a view to obtaining further concessions.

This was lost by a large majority.

The original amendment was then put as a substantive amendment and carried *nemine contradicente*.

The following resolution was proposed by Dr. PENNEFATHER and seconded by Dr. CHURCHILL:

That our Representative be instructed to support a resolution to refuse service under the Act, on the conditions and terms as defined in the Regulations and by the Chancellor of the Exchequer in his speech on October 23rd, 1912.

This was carried by 32 votes to 2.

The Representative was further authorized to vote for the resolution before the Representative Meeting most nearly corresponding to the wishes expressed at this meeting of the Division, should the above resolutions be lost, or other resolutions expressing a similar opinion be carried previously.

*Special Committee for Administration of Medical Benefit.*—Dr. WILLIAMS proposed, Dr. PENNEFATHER seconded, and it was carried:

That the Council be instructed to press for an amendment to the Act, so that the decision of those questions on which the local Medical Committee are to be consulted as provided in Regulations R 6 (1), R 8, R 13 (2), and R 40, shall not be left to the local Insurance Committees, but shall be decided by a Special Committee. The composition and mode of election of this Special Committee to be similar to the composition and mode of election of the Committee of Complaints, R 48 (2).

*Dispensing.*—Dr. WILLIAMS proposed, Dr. CHURCHILL seconded, and it was carried:

That the Council be instructed to press that dispensing should be done or arranged for by the medical practitioner for his own patients should he so desire.

*Report of Proceedings to Lay Press.*—Dr. GODDARD proposed, Dr. CHURCHILL seconded, and it was carried:

That a copy of the Chairman's opening speech be sent to the lay press.

After discussion it was resolved that no report of the remainder of the business and resolutions carried should be furnished to the press.

#### OLD LAMBETH DIVISION.

A MEETING was held at the Camberwell Town Hall on November 7th. Dr. CAPES was in the chair; 140 members and 23 visitors were present.

*Insurance Act: Report of Council.*—The object of the meeting was to consider the Report of the Council and to instruct the Representatives how to vote at the Representative Meeting to be held on November 19th. After a few opening remarks the CHAIRMAN called upon the Honorary Secretary to read the correspondence which passed between the State Sickness Insurance Committee and the Chancellor of the Exchequer as regards the Regulations relating to medical benefit taken in conjunction with the statement of the Chancellor made to the Advisory Committee, as published in the SUPPLEMENT of the BRITISH MEDICAL JOURNAL of November 9th. Dr. RICHMOND then proposed and Dr. DENNING seconded:

That the Representatives be instructed to vote for giving service under the Act under the conditions set out in paragraph 114 of the Report of Council.

Dr. PARTRIDGE proposed the following amendment:

That the Representatives vote for refusing work under the Act.

Dr. MACKEITH seconded. Messrs. COWIE, NORTON, PRESTON LEWIS, FRASER, DUNCAN SMYTH, and WARD spoke against the amendment. On being put to the vote, the amendment was declared lost. Dr. BATTEN then proposed as an amendment:

That we instruct our Representatives to vote for accepting service under the Act, if after further negotiations the Association obtain in the main their demands made on the six cardinal points.

Dr. ESLER seconded; and on being put to the vote the amendment was declared carried, and again as a substantive motion.

*Vote of Thanks.*—The meeting terminated with a hearty vote of thanks to the Borough Council for the use of the Town Hall.

#### MARYLEBONE DIVISION.

A MEETING of the Marylebone Division was held on November 13th, when Mr. CHARLES RYALL moved and Dr. F. J. SMITH seconded:

To instruct the Representatives to refuse service under the Act.

Dr. LAURISTON SHAW moved and Dr. C. O. HAWTHORNE seconded:

That the Representatives be instructed to move:

That the Special Representative Meeting do appoint five members with authority to endeavour to come to final terms with the Government and the Commissioners as to remuneration and regulations, and, if terms are agreed, they be immediately reported to the local Medical Committees with an intimation that any committee entering into an agreement with an Insurance Committee should make such terms the basis of negotiations, and should submit the actual terms of local agreement to the Council of the Association before final ratification.

The amendment was lost. The proposer and seconder accepted the proposal of Mr. BISHOP HARMAN that the words "on terms as at present offered" should be added, and the following motion was carried by 53 votes to 5:

To instruct the Representatives to refuse service under the Act on terms as at present offered.

#### NORTH MIDDLESEX DIVISION.

THE following resolution has been adopted:

That the Representative Body be instructed to appoint a small committee with plenary powers to reopen negotiations with the Chancellor of the Exchequer to secure juster terms in respect of the conditions of service under the Insurance Act having regard to the remuneration offered.

#### ST. PANCRAS AND ISLINGTON DIVISION.

A MEETING was held at the Midland Grand Hotel, King's Cross, on November 8th.

*Work of State Sickness Insurance Committee and Council.*—The CHAIRMAN (Dr. R. M. Beaton) gave an outline of the work accomplished by the State Sickness Insurance Committee and the Council since the Representative Meeting in Liverpool. The result of their very arduous work was summarized. He also called attention to the Council's report and the duty of the Divisions to accept or reject the Government proposals in their latest form. He suggested that the discussion of the Public Medical Service question, adjourned from the last meeting, should again stand over, and that the Provisional Medical Committee should deal thoroughly with the matter and report to the Division.

This course was approved.

#### Council's Report.

Dr. B. G. MORISON moved the adoption of the alternative (b) in Section 115 of the Council's Report—that is, rejection of the proposals. Now if ever they should be decided, and countenance no middle course. They had seven well-considered cardinal points, which they had declared to constitute an irreducible minimum, and these for the most part had not been conceded, as was shown by a detailed examination. The Chancellor's offers were only propositions whose fulfilment could not be guaranteed. The Government might not be in office for the fair reconsideration in three years' time, which had been promised.

Dr. GLAISTER formally seconded.

Dr. SHOYER held that to give up the cardinal points would be to betray many men who entirely objected to contract practice, and who agreed to the British Medical Association policy on condition that their points should be insisted upon.

Dr. TURNER spoke strongly in favour of maintaining professional freedom.

Dr. MALCOLM suggested a strengthening of the resolution, which was agreed to.

Dr. SHERRY thought the terms suggested, though not satisfactory, were certainly improved, and favoured a middle course.

Dr. CONSTANCE LONG sounded a note of warning. She drew attention to the extremely unsatisfactory nature of the sanatorium benefit proposals, but felt that the decision now in issue was a most serious one, and was grateful to Dr. Sherry for voicing the opinion of the minority.

Dr. MITCHINSON recalled concerted action taken by medical students many years ago for the improvement of the status of naval surgeons, and crowned with success, as a happy augury of what might be accomplished by an organized profession such as they were to-day.

Dr. WICKHAM favoured a middle course.

Dr. MORLEY thought the present offer, considered as a whole, was in no sense an improvement. He suggested an improved wording of the motion, and his suggestion was adopted by the mover and seconder.

The CHAIRMAN, in summing up the discussion, said that, on the ground of completeness, it might have been wiser for the Council to have given the Representative Meeting an opportunity of considering the advisability of a middle course. The Council, however, thought otherwise, and sent down the alternatives (a) to accept service, (b) to reject. After serious consideration he had come to the conclusion that the recent offer of the Chancellor did not improve matters financially and that the Regulations imposed several impossible conditions. He therefore advised the Division to vote for the rejection of the new proposals of the Government. Drs. Major Greenwood and Evan Jones, as visitors from the City Division, were then invited to address the meeting.

Dr. MAJOR GREENWOOD said that his message from the City was "Reject." The terms offered were better than those of the Insurance Bill as first introduced, thanks to the British Medical Association, but they were in no degree improved since the Representative Meeting at Liverpool.

Dr. EVAN JONES said that the latest offer was an actual loss. He did not fear the threat of a State Medical Service. Apart from the expense, it was inconceivable to any one who had watched the response to the request for club



resignations that a sufficient number of men to work such a service would go back upon their pledge. Their only duty now was to refuse the offer.

Dr. LYNCH spoke in favour of Dr. Sherry's amendment, which was then put. The amendment was an instruction to reopen negotiations with the Government with a view to a settlement, and 14 voted for it, 84 against. There were also 4 non-members of the Division in favour of the amendment.

The motion was then put, and carried by a large majority. It stated:

That in the opinion of this meeting the Regulations issued by the Insurance Commissioners, and the latest proposals of the Chancellor of the Exchequer, are unworkable, derogatory to the profession, and a danger to the public health. As a consequence, the medical profession declines to undertake service under the Act and the Regulations as at present constituted.

*Election of Representative.*—A hearty vote of thanks to Dr. Griffith, who had moved into the Marylebone Division, was passed, and Dr. Alexander Brown was unanimously elected to act as Representative of the Division in his stead.

Dr. GRIFFITH moved that the Representative be given authority to bring forward, in the unfortunate event of Recommendation (a) being carried at the Representative Meeting, such amendments as might seem to them desirable to modify its effect. This was agreed to.

The CHAIRMAN asked the approval of the meeting for two other motions to the Representative Meeting—one dealing with a public propaganda, and the other opposing the appointment of inspectors—and this was given.

*Vote of Thanks.*—A vote of thanks to the Chairman terminated the proceedings.

#### WESTMINSTER DIVISION.

A MEETING of the Westminster Division was held on November 12th, Dr. ARCHER in the chair.

There was a very large attendance of members and non-members, the meeting being a record one in the annals of the Division. Dr. HASLIP proposed as an amendment to alternative (b) of paragraph 115 of the Report of Council that a basis for negotiation with the Commissioners be found. This was seconded by Dr. HILLIARD, but after some discussion was withdrawn. Dr. DAUBER then proposed that the profession refuse to work the Act; this was seconded by Dr. O'CONNOR. After some discussion Dr. COPE proposed as an amendment that "negotiations be continued"; this was seconded by Dr. KENNARD. After discussion it was put to the meeting and 9 voted for it.

The motion was then put, and 52 voted for it and 8 against it. The motion was declared carried.

#### WILLESDEN DIVISION.

A SPECIAL meeting of the Division was held at the Huddleston Hall, Willesden Green, on November 7th. Dr. CORAM JAMES took the chair, and thirty-nine members and eight non-members were present.

*Report of Council: Instructions to Representative.*—The Representative was instructed to support the sense of paragraphs 12 and 20 of the Report of the Council. Paragraph 115 was then discussed. Dr. CARSON SMYTH proposed and Dr. SMURTHWAITE seconded:

That this Division refuse to work the Act under the terms stated by Mr. Lloyd George in his speech to the Commissioners on October 23rd.

An amendment was proposed by Dr. SKENE and seconded by Dr. LOCK:

That our Representative be instructed that if, in the opinion of the Representative Meeting, the organization of the profession be sufficiently strong, we then refuse to work the Act.

After some discussion the amendment was, with the permission of the meeting, withdrawn. Dr. ARMITAGE proposed and Dr. SMURTHWAITE seconded:

That the following words be added to the original resolution: "And will so refuse until the seven cardinal points are granted."

This was carried *nemine contradicente*. Dr. CRONE proposed and Dr. ANDERSON SMITH seconded an amendment to leave out all words after "Division" and add:

Resolves to give service under the Act under the conditions set out in paragraph 114 of the Report.

After discussion this was withdrawn. The original resolution as amended was then put to the meeting and carried by 32 votes to 2, the result being received with applause. Dr. SODEN proposed and Dr. ARMITAGE seconded:

That our Representative be instructed that this Division refuse to work the tuberculosis benefit on the 6d. capitation basis.

This was carried unanimously. Dr. SODEN proposed and Dr. STOCKER seconded:

That in the event of the recommendation of some form of public medical service the profession will welcome the co-operation of the approved societies consistent with the seven cardinal points.

This was carried by 19 votes to 2. On other points not discussed the Representative was instructed to vote in accordance with the general trend of opinion of the Division as evidenced in the discussions which had taken place.

#### MIDLAND BRANCH:

##### BOSTON AND SPALDING DIVISION.

A SPECIAL meeting was held at the White Hart Hotel, Boston, on November 8th. Dr. WHITE presided, and thirty-one members and one non-member were present.

*Insurance Act: The Chancellor's Offer.*—The CHAIRMAN reviewed briefly the offer and its bearing on the medical part of the National Insurance Act. He thought it extremely difficult to work any wage limit, and was in favour of accepting the offer if certain extras could be excluded from the capitation fee. After a lengthy discussion, in which Drs. SOUTH, MUNRO, WALLACE, JACOBSEN, POWER, MILLER, SWEETEN, COLLINS, GILPIN, WRINCH, and the SECRETARY took part, Dr. MASON proposed and Dr. R. TUXFORD seconded:

That the six cardinal points (including 8s. 6d. a head without drugs and extras) be insisted upon, and negotiations be resumed with the Government.

Dr. SOUTH proposed and Dr. BENSON seconded:

That the offer of 7s. a head be accepted with extras—wage limit £2.

The extras demanded are miscarriages and abortions, night calls 8 p.m. to 8 a.m., mileage 1s. a mile out beyond three miles, modern methods of diagnosis requiring specialists' apparatus, vaccines and serum, operations requiring general anaesthetics, administration of general anaesthetics. Fifteen voted for Dr. South's amendment and sixteen for Dr. Mason's resolution. The Division of opinion being so equal, the SECRETARY read out the resolutions adopted by the Isle of Ely Division, and Dr. COLLINS proposed, and Dr. RENDALL seconded, that No. 1 and 2 be passed. They read as follows:

1. (a) That the medical profession do refuse any financial offer under the National Insurance Act until the conditions of service are made compatible with the best interests and the honourable position of the profession.
- (b) That the conditions of the service laid down in the Regulations issued by the Commissioners are intolerable to any self-respecting medical men, and would destroy the independence of the profession.
2. That this meeting is agreed in suggesting that the British Medical Association should reopen negotiations with the Government with a view to obtaining the six cardinal points.

This was carried unanimously.

A report of the meeting with the Representatives from Kesteven was read, showing great unanimity of opinion in all matters relating to the attitude to be adopted to the National Insurance Act.

*Formation of Division for the Kesteven Area.*—The SECRETARY read a letter from the Medical Secretary which said that the Organization Committee would not oppose its formation so long as it was desired by the men residing in the Kesteven Division, and that the area conformed to one of the "insurance" areas. This being the case, the SECRETARY proposed and Dr. MILLER seconded:

That the Boston and Spalding Division put no obstacle in the way of the formation of a Kesteven Division of the British Medical Association.

Dr. GILPIN spoke in support of it. The resolution was carried *nemine contradicente*.

*Delegates on Holland Insurance Subcommittee (Sanatorium Benefit).*—The SECRETARY explained the necessity for appointing Drs. Husband and White before a general meeting, so that the Insurance Subcommittee could proceed with its work. Dr. MILLER proposed and Dr. COLLINS seconded that this be confirmed. This was carried *nemine contradicente*.

*Scheme for Administration of Sanatorium Benefit in Holland Division.*—This was read by the SECRETARY, who reported that it had received the approval of the Medical Secretary. It was unanimously passed.

*Provisional Medical Committee for Holland, Kesteven, and Lindsey.*—Those for Kesteven and Lindsey being already appointed, it only remained to elect one for Holland. The SECRETARY pointed out that this closed the existence of a Provisional Medical Committee for the whole Division, it having been agreed in Committee that this course was wisest and best for dealing with the Insurance Committees. The following Committee was then elected: Dr. South (Chairman), Dr. White (Vice-Chairman), Dr. Wilson (Secretary), Drs. Barrett, Mason, Pilcher, W. A. Smith, R. Tuxford, Witham, and Wrinch, with power to add to their number.

*Fees for Juvenile Clubs.*—Dr. COLLINS gave notice of a resolution he should move at the next meeting with reference to the fees to be demanded from juvenile clubs.

*Tea.*—Nineteen gentlemen had tea in the hotel afterwards.

#### DERBYSHIRE DIVISION.

A SPECIAL general meeting of the Division was held at the Derbyshire Royal Infirmary on November 8th. Mr. E. COLLIER GREEN was in the chair, and there was a very representative meeting of over seventy members and non-members.

*Model Ethical Rules.*—The Model Ethical Rules for a Division not in itself a Branch were proposed and adopted.

*Report of Council.*—The Report of Council and the alternatives (a) and (b) with which the report concluded were then fully considered. It was proposed by Dr. MACDONALD (Crich) and seconded by Dr. SIMS (Derby):

That negotiations be entered into with the Government on the basis of the statement of the Chancellor of the Exchequer on October 23rd, provided that (1) the conditions in paragraph 114 of the Council's report be carried out; (2) the right of dispensing by the doctors, when desired, be conceded; and (3) the records asked for be simple and brief.

Dr. ROBERTS (Swadlincote) proposed and Dr. VAUDREY (Derby) seconded:

That service under the Act should still be refused.

On the suggestion of Dr. DAWSON (Derby) the amendment was altered to read:

That this meeting considers that the conditions of service laid down in the Regulations issued by the Insurance Commissioners, notwithstanding the fresh conditions foreshadowed by Mr. Lloyd George in his speech of October 23rd, are not acceptable to the medical profession, and would destroy for ever its independence.

There followed a full and free discussion of the question, the trend of the discussion showing, first, that the meeting objected to the Regulations as understood at present; secondly that, given acceptable Regulations, the question of the remuneration should not now prevent doctors from accepting service under the Act. The amendment was then put, and rejected by a majority. It was then pointed out by the CHAIRMAN that, for the information of the Representative, it was advisable to take a vote on the two alternatives (a) and (b). This was done, and the first one (a) was passed with some dissentients.

*The late Dr. Pope.*—Before the meeting separated, a sincere vote of condolence with Mrs. Pope, of Leicester, was passed by all present standing. Dr. Pope had acted for a long time as representative of the Midland Branch on the Council of the Association, and had whole-heartedly devoted his energies and much of his time to furthering the interests of the Association and the medical profession.

#### NOTTINGHAM DIVISION.

A MEETING of the Nottingham Division, to which all practitioners in the city and county were invited, was held on November 12th. Dr. F. H. JACOB presided, and

over 150 practitioners were present. After a statement by the CHAIRMAN on the position under the Act, Dr. J. H. JOHNSTON moved the following resolution, which was seconded by Dr. STALLARD:

That this meeting is unable to accept the latest offer of the Chancellor of the Exchequer, because it fails to concede the six cardinal points and imposes intolerable conditions on the profession.

Dr. T. DAVIES PRYCE moved the following amendment, which was seconded by Dr. E. SNELL:

That the members of the Nottingham Division of the British Medical Association accept service under the National Insurance Act in accordance with the terms offered by the Chancellor of the Exchequer, provided the following modifications and conditions be centrally granted:

1. An absolute guarantee of remuneration at a minimum rate of 7s. per head, exclusive of medicines.
2. Strict regulations as to late calls and night visits; the right of the practitioner to charge a small fee in such cases.
3. An extra fee to be forthcoming when the distance exceeds three miles.
4. No medical or lay inspection can be accepted other than an annual or biannual one for the purpose of obtaining statistical information.
5. The records of cases to be of the simplest possible form.
6. The right of an appeal in the law courts against any decision of the Insurance Commissioners which involves the loss of position on the panel.
7. That the following services shall not be included in the capitation grant of 7s.
  - (a) Administration of general anaesthetics.
  - (b) Attendance upon abortions, miscarriages, and venereal diseases.
  - (c) The supply of serums, antitoxin, tuberculin, and other special preparations.
  - (d) The employment of diagnostic methods, such as x rays, Widal and Wassermann reactions.

A discussion followed, in which the following took part: Drs. MONTAGUE, P. E. TRESIDDER, BLURTON, KINMONT, HOUFTON, RINGROSE, J. H. THOMPSON, HUNTER, KIRKWOOD, FULTON, and Mr. K. BLACK. Dr. MUTCH moved as an amendment:

That the profession approve of negotiations being resumed, and suggested that it be left in the hands of the Council of the Association to negotiate concerning the conditions of service. Dr. BLURTON seconded the amendment, which was put and carried. Dr. CHRISTIE REID moved and Dr. HUNTER seconded the following, which was carried unanimously:

That the profession refuse to serve under the Act on the present conditions offered by the Chancellor of the Exchequer.

#### NORTH OF ENGLAND BRANCH:

##### DARLINGTON DIVISION.

A MEETING of the medical men practising in the Northallerton and Wensleydale districts of this Division was held at Northallerton on Monday, November 11th, seventeen being present.

*Insurance Act and Regulations.*—After a full discussion of the terms and conditions of the Insurance Act and the Regulations, the following resolution was passed by 16 votes to 1:

In the opinion of this meeting the Regulations of the Commissioners and the latest proposals of the Chancellor of the Exchequer are unworkable and most derogatory to the medical profession. In consequence we decline to undertake any service under the Insurance Act and the Regulations as they stand at present.

##### GATESHEAD AND CONSETT DIVISION.

THIS Division has instructed its Representative to move at the Representative Meeting as follows:

1. That this Representative Meeting, though realizing that the cardinal points of the British Medical Association have only in part been granted, is of opinion that the terms now offered in the Regulations, the speech of the Chancellor of the Exchequer, and his subsequent letter, form a basis for negotiation, and that this meeting therefore elects a State Sickness Insurance Committee with general powers and a small Special Committee with full powers, the latter committee to meet the Government or the Commissioners and negotiate a settlement.
2. That this Representative Meeting of the British Medical Association instructs the special committee for negotiations to impress upon the Government and Commissioners the necessity of creating a central mileage fund to provide, by grants or otherwise, adequate remuneration for doctors

giving medical attendance to injured persons outside an agreed upon radius in thinly populated and scattered districts; this mileage fund to be separate from and over and above the remuneration already offered.

#### NEWCASTLE-UPON-TYNE DIVISION.

A MEETING of the Newcastle-upon-Tyne Division was held at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on November 12th, at 8.30 p.m. Dr. ANDREW SMITH, senior, was in the chair, and there were ninety-nine members of the profession present. The following resolutions were carried:

##### *Report of Council:*

That it be an instruction to our Representatives that they be empowered to continue negotiations *re* National Insurance Act.

Carried by 45 to 16.

That we instruct our Representatives not to press the national wage limit, while reserving the point for negotiation if necessary.

Carried by 40 to 20.

That the medical benefits to be rendered for the capitation fee of 7s. offered by the Chancellor be confined to the ordinary attendance during the usual hours of a day service, and that all extras, such as mileage, anaesthetics, night visits, and operations, be recoverable from the patient.

Carried, only 1 voting against.

##### *Professional Discipline:*

That no doctor can be put off the panel so long as his name is on the *Medical Register*.

Carried by 22 to 16.

That the Representatives be empowered to propose the formation of a committee with full powers to negotiate with the Chancellor and the Commissioners.

Carried by 15 votes to 8.

#### NORTH LANCASHIRE AND SOUTH WESTMOR- LAND BRANCH: FURNESS DIVISION.

A LARGELY-ATTENDED and enthusiastic meeting was held on November 12th. Dr. SANSOM was in the chair.

*Resignation of Honorary Secretary.*—The SECRETARY (Dr. Livingston) resigned, as he had been appointed co-Secretary of the Branch. The meeting appointed Dr. Thomson as co-Secretary with Dr. Livingston till the annual meeting.

*Letter from Medical Secretary.*—A letter from Dr. Cox to the Secretary, indicating the lines on which the Government might go if they refused service, was read at the commencement of the meeting.

*Report of Council.*—Dr. SANSOM, in opening the discussion, said they were now to decide what they were going to do, with a knowledge of the weaknesses that might exist and the power behind the Government. There was no doubt that the terms at present could not be accepted without modification, even if they admitted that in some industrial centres like Barrow the Act might be worked with profit. A long discussion followed, members being all agreed that the conditions were not such as we could accept. Dr. JOHNSTON proposed and Dr. CALLAGHAN seconded the Manchester resolution, which is as follows:

That in the opinion of this meeting the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable, notwithstanding the new proposals foreshadowed by Mr. Lloyd George in his speech on October 23rd, and would destroy for ever the independence of the medical profession. Therefore any financial offer made under the National Insurance Act should be refused until the conditions of service are made compatible with the best interests and honourable position of the medical profession.

Dr. Cook proposed and Dr. CARMICHAEL seconded the following amendment:

To consider the recent offer made by the Chancellor of the Exchequer, which affords the British Medical Association an opportunity of conferring with him and with the Commissioners as to the points on which the demands of the profession have not yet been met. (SUPPLEMENT, November 9th, p. 500.)

This amendment was lost.

*Instruction to the Representative.*—The SECRETARY (Dr. Livingston) then proposed, and Dr. BOWMAN seconded, the following resolution, which was carried:

To refuse service under the Act as it stands at present; but we give our Representative power to vote for negotiation, if at the Representative Meeting he considers that negotiation is desirable.

The Representative was so instructed. This was the finding of the meeting. It was felt that though they would refuse service, Dr. Daniel (Representative) should be allowed discretionary powers, should he find that it was in our interests to negotiate; but the feeling was that negotiations should not go beyond a strictly limited point. In the discussion Dr. DANIEL reviewed the situation, and intimated that he would prefer to have a certain amount of freedom. Dr. THOMPSON was strong in favour of Dr. Johnston's resolution. Dr. JOHNSTON was emphatic in condemning the conditions of service. The majority of those present spoke.

*Tuberculosis Treatment.*—The local Committee having declined the offer made by the Provisional Medical Subcommittee, it was decided not to work at the British Medical Association minimum rate.

#### NORTH WALES BRANCH:

##### DENBIGH AND FLINT DIVISION.

At a meeting of the medical practitioners residing within the area of the Division, held at Chester on November 8th, the following resolution was passed:

That we agree to give service under the Act under the conditions set out in paragraph 114 of the report of Council, and that the Representative of the Division be so instructed.

Thirty-three voted in favour of the resolution out of an attendance of 43.

#### SOUTH CARNARVON AND MERIONETH DIVISION.

At a special meeting of this Division, held at Portmadoc on November 12th, at which thirty-five members were present, it was unanimously resolved to adopt alternative (a) as set out in paragraph 114 of the report of Council, and to express willingness to make a trial of the Act provided alterations in the Regulations be granted so as to make dispensing by medical men optional, and also that some further readjustment in regard to mileage be granted.

#### OXFORD AND READING BRANCH:

##### MAIDENHEAD DIVISION.

A MEETING of this Division was held, on the invitation of the Windsor Medical Society, at the Guildhall, Windsor, on November 7th. Dr. G. E. MOORE (Maidenhead) was in the chair. The meeting was the largest and most representative ever held in the Division, forty-three members of the profession being present.

*Election of Officers.*—On the motion of Dr. DICKSON, seconded by Dr. MONTGOMERY, Dr. G. E. Moore was unanimously re-elected Chairman of the Division; and on the motion of Dr. MUNRO, seconded by the CHAIRMAN, Dr. Elgood was elected Vice-chairman. *Executive Committee.*—The Executive Committee was re-elected, with the addition of Dr. Nicholson (Egham) and Dr. Hodgson (Chertsey). The CHAIRMAN, in thanking the Honorary Secretary for his services in organizing the Division, moved his re-election. This was seconded by the VICE-CHAIRMAN and carried unanimously.

*Model Ethical Rules.*—The Model Ethical Rules, on the motion of Dr. DICKSON (Marlow), seconded by Dr. WHITTING (Maidenhead) were approved.

*Annual Representative Meeting.*—Dr. MACLEOD MUNRO then gave his report on the annual meeting at Liverpool as Representative for the Division.

*Insurance Act.*—The Regulations of the Commissioners, with the recent concessions of the Government, and the report of Council on these, were then discussed. Dr. DICKSON moved and Dr. MEGGS seconded:

That this Division agrees to give service under the Insurance Act under the conditions set out in the report of Council.

The conditions referred to are those set forth in paragraph 114 of the report. There was a full and animated discussion which went to show that the meeting, while in the main regarding the altered conditions of service as acceptable provisionally, was not altogether satisfied with the requirements of the Chancellor as to "improved conditions of service." The HONORARY SECRETARY explained some of these points as far as possible in the circumstances, and

the original motion was carried by 40 votes to 2. The following provisos were adopted as points of negotiation to be pressed for by the State Sickness Insurance Committee:

- (a) That the extras should be scheduled and strictly limited.
- (b) That the State Sickness Insurance Committee continue negotiations with the Chancellor of the Exchequer with a view to making the 3rd (third) of the new conditions of service more acceptable to the profession.

*Dinner.*—The members afterwards dined with the Windsor Medical Society.

#### SHROPSHIRE AND MID-WALES BRANCH.

A MEETING of the medical men in the area of the Shropshire and Mid-Wales Branch was held in Shrewsbury on Tuesday, November 12th. The PRESIDENT (Dr. Gardner) was in the chair, and eighty-two medical men were present.

*The Chancellor's Proposals.*—The following resolutions were carried unanimously:

1. That the medical practitioners residing in this area, specially summoned to consider the latest proposals of Chancellor of the Exchequer for acceptance by the medical profession under the National Insurance Act, whilst emphasizing their desire to assist generally the industrial classes, regret that they cannot accept the proposed terms, because they do not satisfy the demands of the profession as made and reiterated from time to time by the British Medical Association.
2. That in the opinion of this meeting the medical profession should refuse any financial offer under the National Insurance Act until the conditions of service are made compatible with the best interests and honourable position of the profession and the welfare of the public.

The following resolution was lost (only seven medical men voting for it):

That the Council is recommended to re-enter into negotiation with the Government on the basis of the latest proposals.

#### SOUTH-EASTERN BRANCH:

##### ASHFORD DIVISION.

A MEETING of this Division was held at Ashford on November 5th. Mr. HICK was in the chair, and thirteen other members were present.

*Insurance Act.*—The report of the Council on the National Insurance Act was read and fully discussed. Mr. WICKHAM proposed and Mr. MOSSOP seconded:

That this Division instruct its Representative to vote for the profession declining to work the Act.

This was carried, 9 voting for and none against.

*Kent County Provisional Committee.*—The scheme of the Kent County Provisional Committee was considered and discussed, and several suggested alterations were made.

##### BRIGHTON DIVISION.

A SPECIAL meeting to which all practitioners were invited was held at the Lecture Hall, New Road, on November 7th; Dr. RYDING MARSH in the chair. Eighty members and ten visitors were present.

*Report of Council.*—A lively discussion took place upon the report of the Council with reference to the new proposals of the Chancellor of the Exchequer. A resolution by Dr. PARRY to accept service under the Act under the conditions set out in paragraph 114 was lost, only five members voting in favour of it; whereupon Dr. FOTHERGILL proposed the following amendment, which was carried with two dissentients, and became the substantive motion:

That in the opinion of the Brighton Division it is impossible to advise the medical profession to work the Act under the conditions outlined in the Chancellor of the Exchequer's recent speech, and recommend:

That the Government be informed that the British Medical Association, having considered the latest statement of the Government, formulates its demands as follows, under which, if granted, it will endeavour to induce the medical profession to take service under the National Insurance Act:

- (1) That the income limit in any district shall be that which is mutually determined upon between the Provisional Insurance Committee and the Provisional Local Medical Committee. Should these bodies be unable to agree, the income limit shall be such as is

determined on as between the Conjoint Committee of Commissioners and the Council of the British Medical Association.

(2) Free choice of doctor by patient, subject to consent of doctor to act.

(3) Medical benefits to be administered by Insurance Committee, on which the local medical profession is represented by not less than one-tenth.

(4) All inquiries into questions of professional discipline to be conducted as arranged for in the regulations, but *in camera*, both parties having a legal right to be represented, as is allowed in Regulation 51 (5), but without the consent of any body or person having to be obtained.

(5) The method of remuneration of a medical practitioner to be adopted by each Insurance Committee to be in accordance with the preference of that practitioner.

(6) The guaranteed medical remuneration of a practitioner for ordinary domiciliary attendance without medicine to be in no case less than 8s. 6d. per insured person per annum, if payment by capitation is made; or not less than 2s. 6d. per day visit or consultation if payment by attendance is made. Extras and fees for same in each insurance area to be those determined on between the Conjoint Committee of Commissioners and the Council of the Association, who shall also decide what body or person is to be responsible for the payment.

That providing the medical practitioner notifies his intention in advance to the Insurance Committee of a district in which he practises, he shall be entitled to charge the insured person certain extra fees as agreed upon between himself and the insured person.

(7) That the conditions of service and the steps to be taken to prevent abuse be such as are determined on between the Conjoint Committee of Commissioners and the Council of the Association.

(8) That the Council of the Association be invited to nominate at least twelve registered medical practitioners to the Advisory Committee after the negotiations have been satisfactorily concluded.

Further amendments by Dr. EVES and Dr. BROADBENT to enter into negotiations on other terms were lost; also an amendment by Dr. BURCHELL to refuse service under the Act in the terms of Minute 166 of the Annual Representative Meeting. The meeting was adjourned to Monday, November 11th, to consider the remainder of the report of the Provisional Medical Committee on the Council's Report.

The following resolutions were subsequently adopted:

That in view of the latest statement of the Chancellor of the Exchequer, that the cost of domiciliary treatment shall be limited to a payment of 6d. per insured person on each doctor's list, the Representative Meeting is of opinion that the State Sickness Insurance Committee should prepare a memorandum on the position created and report with recommendations to the Representative meeting.

That the Association adheres to its resolutions of the Annual Representative Meeting, 1912, with reference to sanatorium benefit, and cannot agree to the proposal to undertake the domiciliary attendance of persons entitled to treatment by tuberculosis medical service on a capitation basis; and that the payment of such services should not be considered as in any way a part of the payment for service under the medical benefit.

That where the medical officer of health is appointed administrative tuberculosis officer, his title should be "Medical Administrator under the Tuberculosis Service."

That the Council be instructed to urge that in all cases the provision of drugs shall be considered an extra beyond the payment for domiciliary attendance by the tuberculosis service, and that a regulation shall be drafted accordingly.

That it be an instruction to the Council to consider and report at an early date upon the question of the payment of the medical staffs of voluntary hospitals for the treatment of patients under the tuberculosis medical service.

That whilst considering the above reference, the Council also consider the desirability of the staffs of hospitals and other consultants arranging to give consulting services at the homes of insured persons on the introduction of the medical attendant, for an agreed annual honorarium to be paid by the approved society or other body.

That treatment at a dispensary contemplated in resolution of the Committee therein recited may be given by the tuberculosis officer.

(a) That it be an instruction to the Council that in any Public Medical Service scheme submitted for approval the inclusion of the principle of co-operation with competing lay bodies in the administration shall not be ground for the withholding of such approval, providing that the control of purely professional matters remains with the profession.

(b) That in view of the Regulations respecting medical benefit issued by the Commissioners and the recent explanation of the Chancellor of the Exchequer, this Representative Meeting would urge the Divisions seriously to consider again the advisability of adopting a scheme of payment in full for services rendered on a suitable tariff,

the risks of insurance to be borne by the Government or contributing lay bodies, or both conjointly.

That any gratuity promised to a collector as contemplated in paragraph 9 should not bear any relation to the amount of subscriptions collected by him.

That a vote of thanks be given to the medical members of the Advisory Committee who have shown their loyalty to the Association and the profession by resigning their membership in accordance with the decision of the Representative Meeting.

That the conduct of the medical members who have not resigned is reprehensible, has misled the public, and should be brought before the Ethical Committees of the Divisions in which they reside.

That providing no new arrangements for medical attendance on previous terms to non-insured persons extend beyond March 25th, 1913, the Representative Meeting instructs the Council to approve such arrangements.

That the Representative Meeting is of opinion that local bargaining may be allowed providing that in accordance with Minute 53 of the Special Representative Meeting of November 14th, 1911, no local agreement shall be concluded without the consent of the Council of the Association, and consent shall only be given when all schemes throughout the country have been arranged with the approval of the local profession and the Council.

That the Association requests to be allowed to submit to the Joint Committee of the Commissioners the names of suitable practitioners to be placed on the panel for the Central Inquiry Committee. That the nominations be 8 from England, 4 from Scotland, 2 from Wales, and 2 from Ireland. That the office be held only for a term of years.

That the Council takes steps to insure the deletion, Regulation 51 (5), of the words "with the consent of the Inquiry Committee."

#### Resolutions on presentation of report of the Council:

That the Representative Body should not discuss the report of the Council on the National Insurance Act until the medical services required as foreshadowed by the Chancellor of the Exchequer have been put in a definite form in Regulations and considered in detail by the Divisions.

That, unless the proposal in Regulation 28 to postpone the payment of the medical man until the cost of drugs, mileage, etc., has been met out of a limited fund is entirely withdrawn, no scheme for attendance under the Act can be considered.

That the Council be instructed to reaffirm the demand of the Association of a representation of not less than one-tenth on the local Insurance Committee.

That the Council be instructed to press for the following alterations in Regulation 87:

That the word "approval" be substituted for the word "information."

That the Council should be instructed to ask that a Regulation be drafted as to the manner in which a local Medical Committee must be constituted in order to become approved.

That a definite sum per insured person on the doctor's list be paid him annually, in order to provide for emergency drugs and dressings.

That the original arrangements agreed upon between the Insurance Committee and the local Medical Committee shall continue in operation for a period of two years from the date upon which the administration of medical benefit comes into operation, and that it shall be ensured that the Regulations issued shall be operated only during the same period.

That the Medical Secretary be instructed to submit to this Representative Meeting a report on the organization by the medical profession of Public Medical Service schemes showing the following particulars in detail: (a) Each Insurance Committee area; (b) Has any Public Medical Service been adopted there? (c) Name of scheme adopted; (d) Number of insured and uninsured persons it provides for; (e) Number of medical practitioners in area affected; (f) If no scheme has been adopted, in one under consideration? (g) Total number of donations and subscriptions to defence fund, with number of subscribers and donors.

#### CANTERBURY AND FAVERSHAM DIVISION.

At a meeting of this Division on November 7th the following resolutions were directed to be proposed at the Representative Meeting:

1. Amendment to Recommendation (a) of the Council in the Council's Report on the National Insurance Act, namely:

That the profession give service under the Act, provided

(1) Control in professional matters be finally with a solely medical tribunal.

(2) The right of every medical man to dispense medicines for insured persons be conceded.

(3) (a) 6s. per head be assured for medical benefit, exclusive of mileage, extras, and drugs; (b) mileage and extras be provided for independently of payment for ordinary medical attendance and treatment.

2. That it be an instruction to the Council, in the event of the profession refusing to work the National Insurance Act, to

take the necessary steps to form a central "compensation fund" for the payment solely of compensation to practitioners who suffer financially owing to their loyalty to the Association.

#### CHICHESTER AND WORTHING AND HORSHAM DIVISIONS.

A COMBINED meeting of the Chichester and Worthing with the Horsham Division was held on November 12th at the Hospital, Worthing. All medical men resident in the district were invited to be present and the attendance numbered fifty-two. Dr. W. H. SIMPSON was in the chair.

*The Chancellor's Proposals.*—The following resolutions were passed:

1. That this meeting of the members of the medical profession in West Sussex, while recognizing the desire of the Chancellor of the Exchequer to come to terms with the profession, regrets that the Chancellor has not seen his way to grant the terms on which alone they believe they can satisfactorily discharge the duties required of them under the Insurance Act, and is convinced that the conditions laid down in the Chancellor's latest offer make it impossible to entertain his proposals.
2. To refuse service under that portion of the National Insurance Act relating to medical and maternity benefit unless and until the whole of the seven cardinal points of the British Medical Association with the single exception of the central fixation of a universal income limit, be secured by Act of Parliament.
3. That no contract practice of uninsured persons be accepted by members of this Division at a less rate than approved of by the Central Council.

#### CROYDON DIVISION.

A MEETING of this Division was held at the Greyhound Hotel on November 12th. Dr. WAYTE was in the chair. All members of the profession residing in the Division were invited, and 106 attended.

#### *Report of Council: Instructions to Representative.*

The Report of Council was considered, particularly those paragraphs mentioned in paragraph 117. Nos. 12, 20, 21, 22, 29, 38, and 75 were agreed to.

Paragraph 28.—The following suggested resolutions for the Special Representative Meeting were carried:

1. That it be an instruction to the Council that in any public medical scheme submitted for approval the inclusion of the principle of co-operation of contributing lay bodies in the administration shall not be a ground for withholding such approval, providing that the control of purely professional matters shall remain in the hands of the profession.
2. That in view of the Regulations respecting medical benefit issued by the Commissioners and the recent explanation of the Chancellor of the Exchequer, this Representative Meeting urges on the Divisions seriously to consider the advisability of adopting the system of payment in full for services rendered on a suitable tariff, the risk of insurance to be borne by the Government or contributing lay bodies, or both jointly.

*Income Limit* (p. 478).—Dr. SWAYNE proposed, and Dr. FOWLER seconded, and it was carried:

That in the event of the Association being desirous of reopening negotiations upon the provisions of the National Insurance Act—

(a) The universal application of the £2 limit be not regarded as essential, provided the Association is satisfied that the other demands have been met.

(b) The exclusion from medical benefit of those insured persons who have become entitled thereto by reason that they have entered into insurance five years, and whose income has come to exceed £160 per annum, be made absolute.

Paragraph 115. Dr. DANIEL proposed, and Dr. FOWLER seconded:

That this meeting support B., to refuse service under the Act.

This was carried by 76 to 5, only members of the Association voting.

Dr. DANIEL proposed, and Dr. GRIPPER seconded, and it was carried:

That it be an instruction to Council to inform the Commissioners that the Association is prepared to appoint representatives with power to negotiate on the basis of payment in full for services rendered under a system in which the medical practitioner is not required to undertake the risks of insurance.

Dr. FOWLER proposed, Dr. DUKES seconded, and it was carried:

This Division gives our Representative a free hand in the choice of plenipotentiaries, if the Representative Meeting decides to appoint them.

## DARTFORD DIVISION.

A MEETING of this Division was held at the Bull Hotel, Dartford, on Tuesday, November 12th. Dr. CHARLES FIRTH presided.

*Report of Council.*—On the motion of Dr. CHISHOLM WILL, seconded by Dr. MURISON, it was unanimously resolved:

That this Division refuse service under the Act, even with the recent offer made by the Chancellor of the Exchequer.

On the motion of Dr. WILL, seconded by Dr. CROMBIE, it was resolved:

That in the opinion of this Division the Association should appoint a committee to reopen negotiations with the Chancellor.

On the motion of Dr. FARTHING, seconded by Dr. SKIPWORTH, it was unanimously resolved:

That this Division is willing to accept a capitation grant of 8s. 6d. with drugs, exclusive of extras and mileage, and that the tuberculosis treatment be carried on on the lines formerly proposed, and not by a general capitation grant.

A discussion took place on the demands which the Association should make, and it was felt that the right to dispense for one's own patients should be insisted on, and also the abolition of the proposed inspectors and book-keeping.

*Public Medical Service Schemes.*—After discussion, it was resolved to form a Public Medical Service for Dartford, and that it be referred to the Provisional Medical Committee to consider the schemes and report thereon.

*Paper.*—A paper entitled, "Enucleation of Tonsils and Adenoids under Gas Anaesthesia," was read by Mr. J. F. O'MALLEY, F.R.C.S., Aural Surgeon to the Evelina Hospital, and was greatly appreciated by those present.

*Vote of Thanks.*—A hearty vote of thanks was accorded to Mr. O'Malley for his interesting paper.

## GUILDFORD DIVISION.

A MEETING of medical practitioners resident in the area of the Guildford Division was held on November 8th at Guildford. Dr. KINGSFORD (Chairman of the Division) presided, and there were fifty-four present.

*Report of Council.*—After some formal business the CHAIRMAN introduced, in a lucid speech, the subject of the future action of the profession in view of the Chancellor's recent offer and the Report of Council thereon. A discussion followed, and it was proposed and unanimously resolved:

That the recommendation of the Provisional Medical Committee, that the medical practitioners in the area of the Guildford Division refuse to take service under the Act, be adopted.

## REIGATE DIVISION.

*Treatment of Defective Children.*

A MEETING, convened by the Reigate Division, of representatives of the several Divisions in Surrey, to consider a scheme of the Education Committee of the Surrey County Council for the treatment of school children found on inspection to be defective, and to discuss what steps (if any) should be taken to oppose such scheme, was held at Laker's Hotel, Redhill, on November 4th. The following were present: Mr. A. R. Walters and Dr. Thornton (Reigate), Dr. Curtis and Dr. Palmer (Redhill), Dr. S. M. Mackenzie (Dorking), Dr. Mitchell (Guildford), Dr. Cressy (Wallington), Dr. Cowie (Wimbledon), and Dr. Goodman (Kingston).

Apologies for absence were received from Dr. Munro (Maidenhead), Dr. Hugo (Purley), Dr. Gay (Putney), Dr. Carver (Surbiton), Dr. Verdon-Roe (Wandsworth), and Dr. Clarke (Horley).

Mr. WALTERS was elected to the chair, and gave a brief summary of the scheme, pointing out the chief points upon which opposition could be taken. He was informed that a scheme for treatment by general practitioners on the panel system would be favourably considered by the Board of Education, but in the absence of such a whole-time service would undoubtedly be established.

Dr. MITCHELL gave an outline of the scheme at work in the borough of Guildford based on the panel system, and after a discussion in which all those present took part it was decided to forward the following resolutions to every member of the Surrey County Council, and to representa-

tives of the Divisions in Surrey not present at this meeting. It was also urged that every member able to influence members of the county council should do so to the same effect.

The following resolutions were passed unanimously:

1. This meeting agrees that the percentage of cases untreated is unsatisfactory, and points out that this is largely due to the fact that there is no organized system of treatment in operation.
2. That before a whole-time medical service is established the local practitioners should be given an opportunity of carrying out the work.
3. That the treatment of defective school children can be advantageously and efficiently carried out by the local practitioners, acting as part-time medical officers to the proposed clinics, of the areas in which they reside.
4. The medical practitioners of Surrey are prepared to form a committee to co-operate with the Surrey County Council to discuss a modification of the scheme at present under consideration.

It was also proposed that a standing medical committee should be formed, to represent the whole of Surrey, to consider all matters affecting the interests of the medical profession in the county. This was unanimously approved.

## SEVENOAKS DIVISION.

A GENERAL meeting of this Division was held at the Council Chamber, Tonbridge Castle, on October 31st. Dr. J. NEWTON, President, was in the chair, and fourteen members were present.

*Pledges.*—The HONORARY SECRETARY announced that of the 38 members in the Division, 29 were in active practice, and of these all had sent in the pledges, which had been sent out as recommended.

*Provisional Medical Committee.*—Drs. MAUDE and WALKER, members of the Kent County Provisional Medical Committee, reported upon the work done by the Committee.

*Contract Practice.*—It was agreed that a note be sent to all members of the Division asking them to give a definite answer to the following statement of opinion:

That this meeting is of opinion that it is desirable that all members of the Division should resign all contract practice for attendance upon persons not included in the Insurance Act within the area of the Division.

## SOUTHERN BRANCH:

## ISLE OF WIGHT DIVISION.

A LARGELY attended meeting of the Isle of Wight Division was held in Sandown on November 12th, to discuss the attitude of the profession regarding the recent proposals of the Chancellor of the Exchequer and the Report of the Council thereon.

After considerable discussion, the Representative was instructed to vote for refusal of service under the Act.

## SALISBURY DIVISION.

A MEETING of this Division was held at the Infirmary, Salisbury, on November 8th. Dr. L. D. SAUNDERS was in the chair, and thirty-four members and three non-members were present.

*Public Medical Service.*—Arising out of the minutes of the last meeting the HONORARY SECRETARIES stated that the scheme for Public Medical Service for the Division had been submitted to the head office and approved; with regard to the Subdivisions the Salisbury rules had been approved, the Warminster and Andover Subdivision rules were still under discussion.

*Provisional Local Medical Committee.*—A letter from the Branch Secretary was read asking for appointment of five representatives from the Division to serve on the Provisional Local Medical Committee for the County of Southampton. The following were elected: Drs. Williams-Freeman (Weyhill), D. O'C. Finigan (Fordingbridge), Farr (Andover), Hobbs (Broughton); non-member, Dr. Gillett (Andover).

*Report of Council.*—It was proposed by Mr. J. O. MARCH and seconded by Dr. FISON:

That service under the Act should be refused.

The resolution was supported by Drs. BLACKMORE, RAKE, LUCKHAM, and KEMPE. Dr. GOULD proposed a resolution as follows:

That the meeting of the Salisbury Division considers the terms suggested by the Government opens a way for an honourable compromise; and considers it advisable for the Representative Meeting to give full powers to the State Sickness Insurance Committee to reopen and complete negotiations, in order that the medical benefits may come into force on January 15th, 1913.

Also that this meeting is of opinion that dispensing, as hitherto, should be done by or arranged for the medical practitioner for his own patients should he so desire, payment to be made according to the scale of prices fixed by the Insurance Committee in accordance with the terms of this Act.

This was seconded by Mr. ENSOR. Drs. RUTTER, HARRIS, STRATON, WILLIAMS-FREEMAN, WILLCOX, and FINIGAN supported the resolution. On a vote being taken there voted for the resolution 24, against 6. Dr. Gould's resolution was declared carried as an instruction to the Representative.

#### SOUTH WALES AND MONMOUTHSHIRE BRANCH:

##### NORTH GLAMORGAN AND BRECKNOCK DIVISION.

A MEETING of the North Glamorgan and Brecknock Division was held at Pontypridd on November 12th, when fifty-five members and non-members were present. Dr. T. R. LLEWELLYN took the chair. The Recommendations of the Council were considered, and after a long discussion the CHAIRMAN put Recommendation "a" to the meeting. Only four members voted in favour of it. Recommendation "b" was then put, and carried. On the motion of Dr. W. E. THOMAS, seconded by Dr. T. J. WEBSTER, the following addendum to Recommendation "b" was carried:

That the following words be added to Recommendation "b":  
"Until the Regulations and conditions of service are such as will be acceptable to the British Medical Association."

The Representative of the Division was then definitely instructed to vote against Recommendation "a," and failing the adoption of the above addendum, to vote for Recommendation "b."

#### SOUTH MIDLAND BRANCH: BUCKINGHAMSHIRE DIVISION.

At a meeting held at Aylesbury on November 12th, when forty-five medical men were present, the following resolutions were adopted:

1. That it be an instruction to Council that in any Public Medical Service scheme submitted for approval the inclusion of the principle of co-operation with contributory lay bodies in the administration shall not be ground for the withholding of such approval providing that control of purely professional matters remains with the profession.
2. The Bucks Division objects entirely to Section 48 in the Regulations dealing with Committees of Complaints.
3. The Bucks Division records its opinion that no scheme of remuneration will be permanently satisfactory which does not allow payment for mileage and extras over and above the 7s.
4. That the Bucks Division proposes that the Representative Meeting accept the latest proposals of the Government as the basis for a compromise, and appoint a small number of its members to negotiate with the Commissioners, with power to make final terms on behalf of the profession.

#### NORTHAMPTONSHIRE DIVISION.

At a general meeting of this Division, held at Northampton on November 12th, the following resolution was adopted:

That the terms offered by the Government on October 23rd last be a basis of settlement, and that the Representative Body appoint a committee with plenary powers to negotiate as to those points on which the demands of the Association have not yet been met.

#### STIRLING BRANCH.

At a meeting of this Branch on November 12th the Representative was instructed to vote for alternative (a) in paragraph 115 of the Council's Report. He was also instructed to propose the following motion:

That a committee be appointed by the Representative Meeting to negotiate with the Chancellor of the Exchequer, with powers to come to a decision upon such points as extras, mileage, etc.

#### YORKSHIRE BRANCH:

##### HALIFAX DIVISION.

A MEETING of this Division was held at the Imperial Café on November 11th. The chair was taken by Dr. J. CROSSLEY WRIGHT, and fifty-four other members were present.

*National Insurance Act.*—After a vigorous discussion, in which many members took part, the following resolution, proposed by Dr. DENNING and seconded by Dr. MARSDEN, was carried unanimously:

That in the opinion of this meeting any financial offer under the National Insurance Act should be refused until the conditions of service are made compatible with the best interests and honourable position of the profession, as in our opinion the conditions now offered are intolerable to any self-respecting medical practitioner, and would destroy for ever the independence of the medical profession.

On the motion of Dr. PRIESTLEY LEECH, seconded by Dr. DENNING, the following resolution was carried *nemine contradicente*:

That this meeting of the Halifax Division of the British Medical Association requests the Representative Meeting to inform the Chancellor of the Exchequer that the British Medical Association reaffirms its adherence to the six cardinal points with the exception of the income limit, which it is willing to waive if the remuneration and other conditions are in accordance with the other cardinal points.

The Secretary was instructed to have this resolution placed on the agenda paper for the Special Representative Meeting on November 19th and 20th. On the motion of Dr. BRANSON, seconded by Dr. MARSDEN, the following resolution was carried, and ordered to be placed on the agenda of the Special Representative Meeting:

That this meeting instructs our Representative to urge the right of the medical attendant to dispense medicines to his own patients under the Insurance Act.

On the motion of Dr. HUGHES, seconded by Dr. FRY, it was resolved:

That our Representative be instructed not to object to the keeping of notes about insured persons, nor to the proposed inspection thereof.

On the motion of Dr. PRIESTLEY LEECH, seconded by Dr. GILL, the following resolution was carried *nemine contradicente*:

That in case the Special Representative Meeting decides to modify the third cardinal point, as regards the power of local Medical Committees to consider all complaints against medical practitioners, we instruct our Representative to urge that all such complaints be first considered by the local Medical Committee, and that, in case of a disagreement between that Committee and the local Insurance Committee, there be an appeal to a mixed lay and medical committee with an independent chairman.

*Position of Hospitals under the Act.*—On the motion of Dr. HUNT, seconded by Dr. STEELE, the following resolutions were carried unanimously:

That the members of the Halifax Division of the British Medical Association give their hearty support to the staffs of the Royal Halifax Infirmary and Halifax Eye and Ear Hospital in their refusal to attend insured persons, except in cases of emergency (medical or surgical) and of major operations.

Also that our Representative be instructed to bring before the Special Representative Meeting the unfairness of expecting any further treatment of insured persons in hospitals such as these, where the staff is composed largely of general practitioners.

*Sanatorium Benefit.*—The SECRETARY read some correspondence which had passed between the school medical officer of the Halifax Education Committee and himself. The school medical officer is acting as assistant tuberculosis officer to the Halifax Health Committee, and the scheme for administering sanatorium benefit in Halifax is strongly disapproved of by this Division. As the school medical officer is a member of this Division of the British Medical Association, the Secretary was instructed, on the motion of Dr. STRICKLAND, seconded by Dr. DRURY, to invite the school medical officer to meet the Executive Committee of this Division and explain his position.

*Lectures to Midwives and Ambulance Lectures.*—Some members desired information as to the fees and other conditions to be insisted on before giving lectures to midwives or ambulance lectures. The Secretary was instructed to ascertain the ruling of the Representative Meeting on these points.

## HUDDERSFIELD DIVISION.

A SPECIAL meeting of this Division was held at the Huddersfield Royal Infirmary on November 12th, Dr. IRVING in the chair. There were between fifty and sixty members present.

*National Insurance Act.*—The CHAIRMAN then gave a summary of the present position of the profession in relation to the National Insurance Act. Dr. MARSHALL moved:

That in the opinion of this meeting the Regulations issued by the Insurance Commissioners, and the latest proposals of the Chancellor of the Exchequer, are unworkable, derogatory to the profession, and a positive danger to the national health; as a consequence the medical profession decline to take service under the Act as at present constituted.

This was seconded by Dr. ROBERT TROTTER, supported by Drs. TANSLEY and MOORE, and carried unanimously. Dr. CHAMBERS proposed:

That we, the members of the Huddersfield Division, instruct our Representative to definitely refuse service under the Act at the Special Representative Meeting to be held in London on November 19th and 20th, and on no account to reopen negotiations.

This was seconded by Dr. TROTTER and carried unanimously. Dr. WILLIAMS moved:

That this meeting of the Huddersfield Division of the British Medical Association strongly condemns the action of the medical members of the Advisory Committee in connexion with the National Insurance Act in remaining on that Committee, and strongly resents their impertinent interference in that they, for the most part not general practitioners, should issue their prejudiced, biassed, and presumptuous statement to the general practitioners of England; and further, that this meeting deeply deplors that the political zeal or self-interest of these medical members of the Advisory Committee should blind them to the honour, dignity, and exalted traditions of the medical profession.

This was seconded by Dr. MARSHALL, supported by Dr. TROTTER, and carried unanimously.

*Votes of Thanks.*—Dr. S. G. MOORE proposed:

That a special vote of thanks be accorded to Dr. Robert Trotter for his exceptional and brilliant services in connexion with the campaign against the National Insurance Act.

This was seconded by Dr. TANSLEY, supported by Dr. WILLIAMS, and carried by acclamation. Dr. RHODES then proposed a vote of thanks to the Chairman (Dr. Irving) for his unwearied services in the chair. This was seconded by Dr. EDINGTON and carried by acclamation.

## WAKEFIELD, PONTEFRAC, AND CASTLEFORD DIVISION.

At the meeting of this Division held on November 12th the Representative was instructed to move the following resolution at the Special Representative Meeting:

That this meeting, whilst recognizing that the Chancellor's latest offer, so far as remuneration is concerned, may form a basis for negotiation, feels that the requirements of the Regulations issued by the Insurance Commissioners are such as to render service wellnigh impossible. It therefore instructs the Council to endeavour to reopen negotiations with the Government with a view to such amendments being made in the Regulations as to make it possible for the profession to take service under the Act.

## YORK DIVISION.

At a meeting of the Division on November 12th, at which sixty members were present, the following resolution was passed unanimously:

That in the opinion of this meeting the Regulations issued by the Insurance Commissioners and the latest proposals of the Chancellor of the Exchequer are unworkable, derogatory to the profession, and a positive danger to national health.

As a consequence, the medical profession in the York Division declines to undertake service under the terms and conditions as at present proposed by the Government.

The Representative of the Division was instructed to vote for a term of two years, and not three, as the term for which any arrangements for medical attendance should be made; to vote for central negotiations, and not local; and, if the Representative Meeting decided that negotiations should proceed, to vote for the principles of trial contained in paragraph 114 of the Council's report.

## SPECIAL REPRESENTATIVE MEETING.

THE following notifications of the decisions of Divisions with regard to the report of Council to the Divisions and Representative Meeting on the present position of the profession as to the Insurance Scheme were received too late to be inserted in their proper places.

## BATH AND BRISTOL BRANCH:

## BATH DIVISION.

At a meeting of this Division held on November 12th its Representative was instructed to bring the following resolution before the Special Representative Meeting on November 19th:

That while regarding the Chancellor's proposals of October 23rd as offering a possible basis for settlement as regards payment, we consider that the conditions of service are of far greater importance, and refuse to take service under the Act unless and until the conditions are so modified as to meet our requirements, these conditions being such as are essential if an effective medical service is to be provided for the beneficiaries under the Act.

That the Representative Meeting is hereby requested to declare the following conditions indispensable to the cordial co-operation of the profession:

1. That the constitution, mode of election, term of office, duties and powers, of the local Medical Committees be clearly defined.

2. That Insurance Committees, in determining the terms and conditions under which practitioners are to be asked to undertake treatment, shall in all respects include an income limit, be required to obtain the explicit approval of the Commissioners.

3. That in cases where the advice of local Medical Committees is overruled or ignored by an Insurance Committee the arrangements made by the latter shall not be sanctioned by the Commissioners until an opportunity has been given to the Medical Committee to explain and justify its view.

4. That the modifications of the conditions and terms of service contemplated in Rule 6 (2) shall not include any right on the part of Insurance Committees to employ whole-time salaried officers to attend insured persons.

5. That there be a right of appeal to a specially appointed medical tribunal on the part of medical men serving on the panels against whom complaints may be made.

6. That a definite guarantee be afforded that the medical inspectors appointed be such as shall command the confidence of the profession, and that in the event of examination of insured person by any such inspector, the regular medical attendant shall have the right to be present.

## BIRMINGHAM BRANCH:

## WEST BROMWICH DIVISION.

THE following resolutions have been adopted by this Division for submission to the Special Representative Meeting:

1. That five cardinal points be adhered to, but that No. 1 (income limit) be given up.
2. That the right of the profession to dispense medicines be insisted on and made permissible.
3. That the system of note-taking suggested by the Chancellor be abolished.
4. That while certificates under the Act be given free, anything in the nature of a report be paid for.
5. That the capitation fee of 8s. 6d. be free of all deductions, and that the extras, as mentioned by the Chancellor, be paid for out of a separate fund.
6. That a small fee be paid for night visits by the patient.

## BORDER COUNTIES BRANCH:

## SCOTTISH DIVISION.

At a meeting of this Division, held at Castle Douglas on November 12th, the following resolution was carried:

That the State Sickness Insurance Committee again confer with the Chancellor of the Exchequer in order to settle satisfactorily the question of mileage and the six cardinal points.

## DUNDEE BRANCH:

## DUNDEE DIVISION.

THIS Division at a meeting on November 12th instructed its Representative to make the following motion at the Special Representative Meeting:

To consider the recent offer made by the Chancellor of the Exchequer, which affords the British Medical Association an opportunity of conferring with him and the Commissioners as to the points on which the demands of the profession have not yet been met.



EAST ANGLIAN BRANCH:  
SOUTH SUFFOLK DIVISION.

At the meeting of this Division held on November 13th its Representative was instructed to make the following motions at the Representative Meeting:

1. That notwithstanding the fact that the terms now offered under the National Insurance Act do not concede the six cardinal points demanded by the British Medical Association, this meeting is of opinion that they are such as permit of a renewal of negotiations with a view to a settlement under which an attempt to work the Act may be made.
2. That the State Sickness Insurance Committee or other specially appointed committee be authorized to effect such a settlement.
3. That such a settlement be only of a temporary character, for at most a period of three years, as suggested by Mr. Lloyd George.
4. That in addition to the capitation fee definite allowance be made for mileage beyond an agreed distance, for the administration of general anaesthetics and for operations requiring general anaesthetics, and that bacteriological and x-ray examinations and the provision of serums and oxygen be specially provided for and not be included in any capitation fee.
5. That the medical men attached to the service be paid by the insured persons for confinements and miscarriages, for dental extractions, and a small fee for attendance and visits between the hours of 8 p.m. and 8 a.m., such small fee being intended to act as a deterrent from unnecessary night calls.

EAST YORK AND NORTH LINCOLN BRANCH:  
NORTH LINCOLNSHIRE DIVISION.

A LARGELY attended meeting of this Division was held at the Grimsby Hospital on November 12th. Every practitioner within the area of the Division was invited. The chair was taken by Dr. BRUCE until the arrival of Dr. MILLER, Chairman of the Division.

*Contract Practice and Uninsured Persons.*—The SECRETARY read a letter which he had been instructed to send to the Medical Secretary asking for the reasons why the Division's motion with reference to contract practice in the case of non-insured persons had been ruled out of order at the last Representative Meeting. The Medical Secretary's reply was read, and it was proposed by Dr. MORLEY and seconded by Dr. SPRING:

That the Medical Secretary's letter sheds no further light on the subject, and that we disapprove of the reply in that it is no reply at all, but we take this letter as a guarantee that the matter will be threshed out at the forthcoming Representative Meeting, the results of the postponement of the matter having been deplorable.

This was carried unanimously. Dr. BEHRENDT proposed and Dr. BOOTH-MILNER seconded:

That no contract practice within the area of the Division be taken outside the Act pending a settlement with the Government as to insured persons.

An amendment proposed by Dr. SWINDELLS and seconded by Dr. BURNETT—

That no contract practice outside the Act be taken within the area of the Division, for the next year at least—

was carried by a large majority, both as an amendment and as a substantive resolution.

*Report of Council.*—After a prolonged discussion on the Council's Report on the Regulations issued by the Insurance Commissioners, the Division's Representative was instructed to vote on the following lines: It was proposed by Dr. ESCOMBE and seconded by Dr. G. O. MCKANE:

That we refuse service under the Act under the existing terms and conditions of service.

This was carried unanimously. It was proposed by Dr. MORLEY and seconded by Dr. BEHRENDT:

That the recent offer made by the Chancellor of the Exchequer be considered, as it affords the British Medical Association an opportunity of conferring with him and with the Commissioners as to the points on which the demands of the profession have not yet been met.

This was carried unanimously. It was proposed by Dr. BRUCE and seconded by Dr. CHAPMAN:

That any committee appointed to confer be instructed to refer to the Divisions before closing.

An amendment proposed by Dr. ROTHERHAM and seconded by Dr. GRIERSON—

That the committee go with minimum demands and power to settle—

was lost and the resolution carried. A proposal by Dr. BOOTH-MILNER—

That it shall be optional for the doctor to dispense— was carried unanimously.

*Guarantee Fund.*—On the motion of Dr. MILLER (Chairman) seconded by Dr. GRIERSON (Secretary), it was resolved to ask each member to increase his guarantee by £10, on condition that the Central Fund reached £250,000, and to transfer the whole of the local fund to the Central Fund, less 10s for local expenses.

FIFE BRANCH.

The following resolution has been adopted by the Fife Branch, and has instructed its Representative at the Special Representative Meeting to move as follows:

That, after full consideration of the draft Regulations and the latest proposals of the Chancellor of the Exchequer, as contained in his speeches and letters, the Representatives are of the opinion that the medical profession must refuse service under the Act until satisfactory assurances have been received in regard to the following points, amongst others: (1) Mileage; (2) constitution and powers of Committee of Complaints; (3) reconsideration of question of medical inspection and records; and that negotiations be continued with these objects.

LANCASHIRE AND CHESHIRE BRANCH:  
BIRKENHEAD DIVISION.

At a meeting of this Division on November 13th the Representative was instructed to make the following motion at the Representative Meeting:

That whilst the amount allocated by the Government as remuneration to medical practitioners under the National Insurance Act falls short of that to which the profession is justly entitled for the services demanded, and whilst the solidarity of the profession is such as to render it almost certain that continued refusal to work the Act could be successfully maintained, nevertheless, inasmuch as such refusal would result in hardships and suffering to large numbers of the industrial and poorer classes of this country, this Representative Meeting recommends that practitioners should express their willingness to serve under the Act, provided that the following demands are conceded and the Regulations amended accordingly.

1. All arrangements to give medical attendance and treatment under the Act must be of a provisional character, and terminate automatically at the expiration of three years, when the whole question of the relations of the profession to the Act must be capable of discussion.

2. All agreements entered into by local Medical Committees shall not be finally concluded until they have received the approval of the Council of the Association.

3. All practitioners serving upon the panel to be given liberty to dispense medicines, etc., to insured persons, and to be paid at the same rates as those applicable to the dispensing by chemists on the panel.

4. There shall be no inspection of professional work by Government officials, medical or otherwise; the maintenance of the standard of attendance shall be left to the honour of the profession and the surveillance of the local Medical Committees.

5. There shall be no records required to be kept by practitioners serving under the Act other than such records as are usually and ordinarily kept by practitioners at present.

6. A Central Fund shall be established by the Government from moneys outside those available for practitioners on the panel, from which grants, or payments, shall be made for mileage.

7. Medical representation on local Insurance Committees must be increased to at least one-tenth of committees of all sizes.

OLDHAM DIVISION.

At a meeting of this Division held on November 12th the Representative was instructed to move the following resolution at the Special Representative Meeting:

That inasmuch as the statement made by the Chancellor of the Exchequer on October 23rd has demonstrated that the amount originally available for medical benefit under the National Insurance Act was inadequate and the conditions unsatisfactory, and that the opposition of the medical profession was therefore justified, the British Medical Association appoint a committee to negotiate with the Chancellor of the Exchequer for the purpose of obtaining terms and conditions of service which will be in accordance with the wishes of the profession as expressed by a Representative Meeting.

ROCHDALE DIVISION.

A MEETING of the Rochdale Division, to which all the medical men in the area were invited, was held on

November 12th, under the presidency of Dr. Lord. The following resolution was adopted:

That in the opinion of this meeting the medical profession should refuse any financial offer under the National Insurance Act until the conditions of service are made compatible with the best interests and honourable position of the profession and insured persons, and that it be an instruction to our Representative to vote that negotiations be opened with the Government to improve the regulations.

Twenty-five members and 5 non-members voted in favour, and 1 member and 2 non-members against.

#### WEST LANCASHIRE DIVISION.

At the meeting of this Division on November 10th the following resolutions were adopted:

1. That it be an instruction to the State Sickness Insurance Committee to inform the Chancellor of the Exchequer and the Insurance Commissioners:

That, in the opinion of the British Medical Association, the conditions of service laid down in the Regulations issued by the Insurance Commissioners are intolerable, notwithstanding the new proposal foreshadowed by Mr. Lloyd George in his speech on October 23rd, and would destroy for ever the independence of the medical profession. Therefore any financial offer under the National Insurance Act should be refused until the conditions of service are made compatible with the best interest of the honourable position of the profession, which can only be secured by the granting of the cardinal points laid down by the British Medical Association.

2. That the State Sickness Insurance Committee be instructed not to open negotiations with the Chancellor of the Exchequer or the Insurance Commissioners; but if negotiations be reopened no committee shall have power to make any definite arrangements without first submitting the same to the Divisions.

3. That Minute 205 of the Annual Representative Meeting of July last be strictly adhered to.

The Representative was also directed to move or to support a motion refusing service under the Act.

#### METROPOLITAN COUNTIES BRANCH:

##### CHELSEA DIVISION.

At the meeting of this Division held on November 13th the following resolution was passed:

That the Chelsea Division of the British Medical Association instructs its Representative to propose at the Representative Meeting to be held on November 19th (or, if already proposed, to second and support) the following resolution:

That the British Medical Association refuses to accept any service whatsoever under the National Insurance Act in view of the fact that the six cardinal points have only been partly conceded, and that fresh work and responsibilities have been imposed without adequate remuneration or protection.

##### KENSINGTON DIVISION.

At a meeting of this Division on November 13th the following resolution was adopted for submission to the Special Representative Meeting:

Inasmuch as the seven cardinal points remain the minimum demands of the profession and inasmuch as the determination to obtain these demands centrally still holds, the Representative Body should reaffirm its decision not to work the Act as it stands at present.

##### NORTH MIDDLESEX DIVISION.

The Division has instructed its Representative to make the following motion at the Representative Meeting:

That the Council be instructed to insist upon a definition of the hours during which Insurance Act work shall be done, and shall suggest the hours from 8 a.m. to 8 p.m., and that night work shall be paid for by the patient, with the exception of maternity benefit.

##### WANDSWORTH DIVISION.

At the meeting of this Division on November 13th the following resolution was adopted by 116 to 8:

The Wandsworth Division, seeing that in its opinion there has been no improvement in the position of the profession with regard to medical benefit since the Representative Meeting at Liverpool last July, and that with regard to the other points claimed by the profession nothing more has been conceded, that the financial gain set out in the recent offer of the Chancellor of the Exchequer is more or less illusory, and that the substitution of an additional capitation payment of 6d. for the treatment of tuberculosis cannot be commended, recommends the profession to decline the latest offer of the Chancellor, and refuse to work the medical benefit on the suggested terms.

##### WIMBLEDON DIVISION.

At the meeting of this Division held on November 12th the following resolution was adopted by a large majority:

That the British Medical Association be instructed to reopen negotiations with the Government on the question of remuneration, but that the conditions of service be not agreed to under any circumstances whatever.

##### NORTH OF ENGLAND BRANCH:

##### SUNDERLAND DIVISION.

A MEETING of the Sunderland Division was held at the Royal Infirmary, Sunderland, on November 12th. In the absence of the Chairman Dr. MIDDLEMASS presided. Forty-nine members were present.

The report of the Council and later statement of the Chancellor of the Exchequer were fully discussed, and the following resolution was passed:

A. That this Division instruct its Representative to vote that negotiations be at once reopened with the Chancellor of the Exchequer, and that the Division considers it advisable to work the National Insurance Act, subject to such alterations of the Regulations as will meet the following:

1. This Division reaffirms the original recommendations of the Association that two miles be the limit beyond which practitioners shall not be asked to treat persons for the capitation fee.

2. In the opinion of this Division it would be inadvisable to permit of any deductions from the proposed capitation grant of the Government for mileage in rural areas, or where required, as suggested by the Chancellor of the Exchequer.

3. That Regulation 28 be redrafted to be in keeping with the statement of the Chancellor of the Exchequer to the Advisory Committee of October 23rd, 1912.

4. That this Division reaffirms the recommendation of the British Medical Association that it be optional for any practitioner to do his own dispensing to insured persons under the Act.

5. That until such time as the Government has clearly and definitely defined what is meant by ordinary medical attendance, it would be inadvisable for the profession to undertake any work under the Act.

6. That the profession adheres to the list of extras as drawn up by the British Medical Association and submitted to the Insurance Commissioners.

7. As the Chancellor of the Exchequer has stated that it is impossible for the Government to find finance for such extras, that the practitioners who undertake duties under the Act be permitted to make charges for such extras to insured persons.

8. That the Regulations shall provide for arrangements to be made whereby each Post Office contributor shall be supplied with a card containing the panel of the district, so that each contributor can communicate his or her choice direct to the Insurance Committee, and that the insured persons who have not selected a doctor be distributed equally among the doctors of the panel by the local Medical Committee.

9. That the Committee of Complaints shall report their recommendation to the Insurance Committee, and that Committee shall accept their report as conclusive.

10. That the final court of appeal for removing a practitioner from the panel shall be composed entirely of medical men with legal advisers.

11. That before accepting service under the Act the report mentioned by the Chancellor of the Exchequer shall be submitted to and approved by the British Medical Association.

12. That the 6d. to be paid for sanatorium benefit shall be for insured persons only, and shall not include dependants, and shall be for domiciliary treatment only.

13. That the nature and extent of the inspection suggested shall be clearly defined.

14. That any arrangements made with the profession for service under the Act shall be for no longer period than three years.

B. That the recent statement made by the Chancellor of the Exchequer and the Regulations as submitted by the Insurance Commissioners permit of negotiations being opened up in conformity with the resolutions herewith submitted, and that a Committee be appointed to negotiate on these lines.

A resolution—

That the Representative be instructed to vote that the Council of the Association be empowered to negotiate with the Chancellor of the Exchequer with plenary powers—

was defeated.

##### NORTHERN COUNTIES OF SCOTLAND BRANCH:

##### BANFF, ELGIN, AND NAIRN DIVISION.

At the meeting of this Division, held in Elgin on November 12th, the Representative was instructed to move the following resolution at the Special Representative Meeting:

That the Special Representative Meeting remits to a committee, on which country practitioners shall be adequately represented, with powers to negotiate further with the Chancellor, particularly with regard to the Regulations.

The points which the Division desired should be made special subjects for negotiation were: (1) That mileage should be paid from a central fund, exclusive of the 7s.; (2) that certain extras should also be paid for from a central fund, including abortions, minor operations, fractures, and assistance (as, for instance, anaesthetics).

**NORTH WALES BRANCH:  
DENBIGH AND FLINT DIVISION.**

The following resolution was adopted at a meeting of this Division on November 8th:

That in the opinion of this Division extra terms must be granted for the following: Mileage, special visits, and major operations, and that the practitioner has the option of retaining dispensing in all cases.

**NORTH CARNARVONSHIRE AND ANGLESEY DIVISION.**

At the meeting of this Division held at Bangor on November 12th the following resolution was carried—26 to 5:

That this meeting, while prepared to accept the financial terms as offered by the Chancellor of the Exchequer, is of opinion that there are many points in the Provisional Regulations which require amendment, and which ought to be discussed at a conference between the State Sickness Insurance Committee and the Commissioners.

**OXFORD AND READING BRANCH:  
READING DIVISION.**

At a meeting of this Division the Representative was instructed to move as follows:

That the British Medical Association abides by the minimum demands embodied in the six cardinal points of the Association and contained in the letter of the Medical Secretary to the Insurance Commissioners dated February 29th, 1912.

That this Representative Body views with the strongest distrust the position and utterance of the medical members remaining on the Advisory Committee who have been in conference with the Chancellor of the Exchequer, and entirely repudiates their authority to speak in the name of the profession at large.

**PERTHSHIRE BRANCH.**

At the meeting of the Perthshire Branch held at the Perth Infirmary on November 12th the following resolution was passed unanimously:

That this meeting of the Perthshire Branch of the British Medical Association instructs its Representative to vote refusing to work the medical benefits of the Insurance Act unless the eight cardinal principles are conceded.

**SOUTH-EASTERN BRANCH:  
CROYDON DIVISION.**

At the meeting of this Division held on November 12th the Representative was instructed to move at the Representative Meeting as follows:

1. That it be an instruction to the Council that in any Public Medical Service scheme submitted for approval the inclusion of the principle of co-operation of contributing lay bodies in the administration shall not be a ground for withholding such approval, providing that the control of purely professional matters shall remain in the hands of the profession.
2. That in view of the regulations respecting medical benefit issued by the Commissioners and the Chancellor's recent explanatory statement, this Representative Meeting urges on the Divisions seriously to consider the advisability of adopting the system of payment in full for services rendered on a standard tariff, the risk of insurance to be borne by the Government, the contributing lay bodies, or these jointly.
3. That it be an instruction to the Council to inform the Commissioners that the Association is prepared to appoint representatives with power to negotiate on the basis of payment in full for services rendered under a system in which the medical practitioner is not required to undertake the risk of insurance.
4. That in the event of the Association being desirous of reopening negotiations upon the provision of the National Insurance Act—

- (a) The universal application of the £2 wage limit be not regarded as essential, provided the Association is satisfied that the other demands have been met.
- (b) The exclusion from medical benefit of those insured persons who have become entitled thereto by reason that they have entered into insurance five years, and whose income has come to exceed £160 per annum, be made absolute.

**SOUTHERN BRANCH:  
SALISBURY DIVISION.**

At a meeting of this Division, held on November 8th, the following resolution was adopted:

That the meeting of the Salisbury Division considers the terms suggested by the Government opens a way for an honourable compromise; and considers it advisable for the Representative Meeting to give full powers to the State Sickness Insurance Committee to reopen and complete negotiations, in order that the medical benefits may come into force on January 15th, 1913. Also that this meeting is of opinion that dispensing, as hitherto, should be done by or arranged for the medical practitioner for his own patients should be so desired, payment to be made according to the scale of prices fixed by the Insurance Committee in accordance with the terms of the Act.

**SOUTH MIDLAND BRANCH:  
BEDFORDSHIRE DIVISION.**

At the meeting of this Division the following resolutions were adopted for submission to the Special Representative Meeting:

That the Association is willing to appoint a committee of its members with plenipotentiary powers to negotiate with the Chancellor of the Exchequer and the Commissioners as to the points on which the demands of the profession have not yet been met, and as to the final form of the Regulations for medical benefit, provided:

1. That the sum of 7s. per head of insured persons in Great Britain (including the 6d. derived from the sanatorium benefit fund for domiciliary treatment of tuberculous insured persons) be a fixed minimum not subject to any deductions whatsoever.
2. That a further sum of 2s. 6d. per head of insured persons in Great Britain be provided for extras, including mileage but not including drugs and appliances.
3. That no records be kept other than a counterfoil of each certificate given to an insured person to enable him to claim sickness or disablement benefit, or to continue the same, or that he is able to resume work, as described by the Chancellor of the Exchequer in his statement of October 23rd, 1912.
4. That the final form of the regulations for medical benefit be decided by negotiation between the Commissioners and plenipotentiary representatives of the medical profession.

**SOUTH WALES AND MONMOUTHSHIRE BRANCH  
MONMOUTHSHIRE DIVISION.**

A SPECIAL meeting of this Division was held on November 13th, when the Representative was instructed to propose at the Special Representative Meeting:

That the Council or State Sickness Insurance Committee be instructed to open negotiations with the Government, with plenary powers, to come to a settlement or to refuse to come to terms.

**SWANSEA DIVISION.**

At the meeting of this Division the Representative was instructed to bring forward the following motions at the Special Representative Meeting:

- That this meeting is of opinion that the Association should refuse to sanction any scheme of Public Medical Service which admits the possibility of lay control.
- That this meeting is of opinion that a previous resolution already carried and confirmed in February, to the effect that no sectional settlements should be made, should again be brought to the notice of the Divisions.

**SOUTH-WESTERN BRANCH:  
EAST CORNWALL DIVISION.**

At the meeting of this Division on November 12th its Representative was instructed to move the following at the Special Representative Meeting:

1. That in the opinion of this meeting the medical profession should refuse any financial offer under the Insurance Act until the conditions of service are made compatible with

the best interests and honourable position of the profession, and that this meeting considers that the conditions of service laid down in the Regulations issued by the Insurance Commissioners, and the fresh conditions proposed by the Chancellor of the Exchequer in his statement of October 23rd, are intolerable to any self-respecting medical man, and would destroy for ever the independence of the medical profession.

2. That the State Sickness Insurance Committee insist that a definite fund for mileage be provided by the Commissioners before any further negotiations take place between them and the medical profession with regard to the working of the Act. That such should undoubtedly come from some centralized fund, and that such payments should take the form of an annual grant to the practitioner concerned, calculated on the basis of the number of patients on his list who reside outside a one-mile radius from his house. That in calculating such a grant a basis of 1s. a mile be the minimum limit of mileage fee.
3. That the Representative Meeting consider the recent offers made by the Chancellor of the Exchequer, which afford the British Medical Association an opportunity of conferring with him and with the Commissioners as to the points on which the demands of the profession have not been met.

#### PLYMOUTH DIVISION.

The following resolution of this Division has been adopted for submission to the Special Representative Meeting:

That in the opinion of this Division the time has come when the Council of the Association should put forward in the leading journals of the kingdom a concise statement as to the objections of the profession to the medical provisions of the National Insurance Act, especially making it clear that the question is not merely one of finance.

#### STAFFORDSHIRE BRANCH:

##### MID STAFFORDSHIRE DIVISION.

At a general meeting of the Division held on November 13th, its Representative was instructed to move the following resolutions at the forthcoming Representative Meeting.

1. That the Representative Meeting appoint a Committee to consider the recent offer of the Chancellor of the Exchequer which affords the British Medical Association an opportunity of conferring with him and with the Commissioners as to the points on which the demands of the profession have not yet been met and that such Committee have plenary powers to negotiate and to bring about a settlement.
2. That in any terms of settlement that are proposed, industrial illness and accidents which are covered by the Workmen's Compensation Acts shall be regarded as outside the scope of medical benefit.

#### ULSTER BRANCH:

##### BALLYMONEY, NORTH ANTRIM, AND SOUTH DERRY DIVISION.

At a meeting of this Division on November 7th the following resolution was adopted:

That if medical benefits were extended to Ireland we would be disposed to give sympathetic consideration to the latest proposals of the Chancellor, Mr. Lloyd George, provided that satisfactory replies were received to the inquiries to be made as to the many points which require to be cleared up.

#### BELFAST DIVISION.

This Division has adopted the following resolutions:

1. That, until medical benefit is extended to Ireland, payment for domiciliary attendance should be on a scale of fees for work done.
2. That this Division wishes it made clear that the 6d. per head, promised by the Chancellor for payment of domiciliary attendance, will be available for this purpose in Ireland as in England.
3. That in order that sanatorium benefit should be carried out effectually in Ireland, it is essential that the local Medical Committee should be recognized and consulted by the local Insurance Committee, and that this Division instruct its Representative accordingly.
4. That we refuse acceptance of service under the Act on the proposed terms.
5. That we condemn the action of those doctors on the Advisory Committee, and of those on the local Insurance Committees not nominated by the profession, who retained their seats after being called upon by the Association to resign, as tending to disunion and disloyalty in the profession, and loss of *esprit de corps*.

#### WORCESTERSHIRE AND HEREFORDSHIRE BRANCH:

##### WORCESTER DIVISION.

The following resolutions have been adopted by the Worcester Division:

##### General Resolution.

That whilst forming a basis for negotiations the offer of Mr. Lloyd George be not accepted in its entirety, and that the State Sickness Insurance Committee be empowered to negotiate with the Government with a view to securing improved conditions for the profession.

##### Suggested Lines for Negotiation.

1. The medical profession should be allowed to dispense medicine should they so desire.
2. That we refuse to keep the records suggested by Mr. Lloyd George until the profession have the opportunity of seeing and approving of the forms suggested.
3. That extra mileage fees be paid to the profession for patients who reside more than two miles away. This fee to be over and above the capitation fee mentioned by Mr. Lloyd George to the Advisory Committee on October 23rd.
4. That the local Insurance Committees be compelled to permit insured persons whose incomes is over 30s. per week to make their own arrangements for medical attendance, and that in such case the capitation fee payable for such persons shall be paid annually into a fund to assist in payment of the doctor's bill.
5. That the number of persons for whom the capitation fee is payable shall be ascertained by taking the number of persons on a doctor's list at the commencement of each quarter, and that in the case of a person placed on the list during such quarter a pro rata proportion of such capitation fee shall be paid.
6. That medical representation on local Insurance Committee be ten per cent.
7. That tuberculosis cases should not be treated under the contract as suggested by Mr. Lloyd George in his speech to the Advisory Committee on October 23rd.
8. That the State Sickness Insurance Committee be empowered to negotiate on the wage limit, but that it shall not exceed the income-tax limit.

#### YORKSHIRE BRANCH:

##### BRADFORD DIVISION.

At a meeting of the Bradford Division, held on November 11th, the following resolutions were adopted:

1. That in the opinion of this Representative Meeting the Regulations issued by the Insurance Commissioners, and the latest proposals of the Chancellor of the Exchequer, are unworkable, derogatory to the profession, and a positive danger to national health; as a consequence, the medical profession declines to undertake service under the Act and Regulations as at present constituted.
2. That this meeting of the Bradford Division instructs its Representative to affirm the original terms of the Association of February 29th, 1912.

#### EAST RIDING DIVISION.

At the meeting of this Division held on November 13th the following resolutions were passed unanimously:

1. That the Chancellor's statement of October 23rd be accepted as a basis for opening negotiations.
2. That the first cardinal point relating to income limit be not pressed for centrally, but be left to be obtained locally, as stated in the Act.
3. That the Regulations as to professional discipline be accepted, but in the case of complaints against the doctor there should be a right of appeal to a specially appointed medical tribunal.
4. That mileage should be an extra on any capitation fee over a two mile radius from the doctor's residence, at the rate of 1s. a mile.
5. That night visits between 8 p.m. and 8 a.m., and special visits between 10 a.m. and 8 p.m., be extras.
6. That the list of extras as laid out in the SUPPLEMENT of October 5th, p. 371, and also "modern means of exact diagnosis," be pressed for, and that the remuneration be left for the State Sickness Insurance Committee to arrange.
7. That the necessity of keeping records in every case be deleted.
8. That all certificates and reports outside insurance certificates be paid for.

#### SCARBOROUGH DIVISION.

At a meeting of the Scarborough Division on November 7th, the following resolution was passed:

That this meeting declines to accept the terms offered under the Insurance Act except as relating to the treatment of tuberculous patients, but negotiations should be resumed if opportunity arises.

# National Insurance.

## THE INSURANCE SCHEME.

### STATE SICKNESS INSURANCE COMMITTEE.

THE eleventh meeting of the State Sickness Insurance Committee appointed by the Annual Representative Meeting, 1912, was held on November 7th.

Mr. T. JENNER VERRALL, Chairman of Representative Meetings, was in the chair, in the absence of Dr. Macdonald, and the other members present were:—*England and Wales*: Dr. R. M. Beaton (London), Dr. T. M. Carter (Bristol), Dr. Major Greenwood (London), Miss Frances Ivens, M.S. (Liverpool), Dr. Constance E. Long (London), Dr. E. J. Maclean (Cardiff), Dr. James Pearse (Trowbridge), Dr. E. O. Price (Bangor), Dr. Lauriston Shaw (London), Mr. D. F. Todd (Sunderland), Mr. E. B. Turner (London), Mr. E. H. Willock (Croydon). *Scotland*: Dr. John Adams (Glasgow), Dr. R. McKenzie Johnston (Edinburgh). *Ireland*: Dr. J. S. Darling (Lurgan). *Ex officio*: Dr. Edwin Rayner (Treasurer).

Apologies for absence were read from the Chairman of the Committee, Dr. J. A. Macdonald; the President (Sir James Barr), and Dr. D. G. Thomson (Norwich).

#### LISTS OF PRACTITIONERS IN EACH INSURANCE AREA.

The following resolution from the Bath and Bristol Branch was received:

That members of each local Provisional Medical Committee whose residence for practice so qualifies them be grouped with similarly qualified members of adjoining local Provisional Medical Committees to form committees corresponding in area with the areas of the local Insurance Committees, and that these members be permitted to retain their seats on the local Provisional Medical Committee to which they were first elected.

The Medical Secretary asked for instructions as to the preparations of lists of medical practitioners in each insurance area. He thought that such lists might be required by the profession whether it was decided to work under the Act or not. The Committee resolved to instruct the Medical Secretary to prepare lists of medical practitioners in each insurance area.

#### CORRESPONDENCE WITH THE CHANCELLOR OF THE EXCHEQUER AND THE JOINT COMMITTEE OF INSURANCE COMMISSIONERS.

The letter of inquiry addressed by the Chairman of Council and the Chairman of Representative Meetings and the Medical Secretary to the Chancellor of the Exchequer, in accordance with the resolution of the Council of October 31st, was read, together with his reply, and also the letter from the Chairman of the Joint Committee of Insurance Commissioners with regard to two points not mentioned in the reply of the Chancellor of the Exchequer. These letters were published in the SUPPLEMENT of November 9th, pages 500-503, and will be laid before the Special Representative Meeting.

#### CONFERENCE OF COLLIERY SURGEONS.

The minutes of the conference of colliery surgeons, held at Newcastle-on-Tyne on November 6th, were presented by the chairman, Mr. Todd. The Committee approved the minutes, and resolved to report them to the Special Representative Meeting.

#### TREATMENT OF TUBERCULOSIS.

It was reported that since the last meeting the Chairman had considered the following schemes for the administration of sanatorium benefit, and had, on behalf of the Committee, signified approval so far as they conformed to the decision of the Committee: Devonport, Liverpool, Lincolnshire (Holland).

The Committee also approved of the scheme for sanatorium benefit in Salford, which had been approved by the local Provisional Medical Committee.

Two other schemes were considered, and decisions deferred in order that further information might be obtained.

#### PUBLIC MEDICAL SERVICE SCHEMES.

It was reported that the Chairman had since the last meeting of the Committee approved on its behalf of the Isle of Wight Public Medical Service scheme so far as it conformed to the decisions of the Committee, and the Chairman's action was approved.

The Committee approved the scheme for Great Yarmouth, submitted by the East Norfolk Local Provisional Medical Committee.

Schemes for Lincolnshire (Kesteven) and for the County of Kent were considered, but the Committee resolved not to express an opinion until the principles involved had been considered by the Special Representative Meeting. The scheme for Reading was deferred in order that further information might be obtained.

#### ADVISORY COMMITTEES.

A communication was received from the Right Hon. M. F. Cox., M.D. (Dublin), stating that he was unable to agree to the Committee's request to resign his membership on the Advisory Committee, and giving his reasons.

#### CAPITATION PAYMENT FOR DOMICILIARY TREATMENT OF TUBERCULOSIS.

It was resolved to hold a further meeting of the Committee on November 14th for the consideration of the offer of the Chancellor of the Exchequer of a capitation fee of 6d. for the domiciliary treatment of cases of tuberculosis. The Chairman and Medical Secretary were requested to prepare a report on the question for the consideration of the Committee at this meeting.

#### CONFERENCE OF COLLIERY SURGEONS.

THE conference of representatives of colliery surgeons arranged by the State Sickness Insurance Committee of the British Medical Association was held at Newcastle-on-Tyne on November 6th.

The following representatives were present:

*Northumberland and Durham*.—Dr. L. G. Dillon (Seaham Harbour), Dr. D. A. R. Farquharson (Washington, co. Durham), Dr. L. Fraser (North Shields), Mr. D. F. Todd (Sunderland).

*Scotland*.—Dr. W. Craig (Cowdenbeath), Dr. C. Crawford (Hamilton), Dr. D. E. Dickson (Lochgelly), Dr. A. M. Easterbrook (Gorebridge), Dr. J. Fotheringham (Motherwell), Dr. John J. Joss (Denny).

*Cumberland*.—Dr. F. W. Proud (Maryport).

*Yorkshire*.—Dr. J. H. Battersby (Doncaster), Dr. R. Castle (Darfield).

*Wales*.—Dr. W. Bickerton Edwards (Seven Sisters, Neath), Dr. J. D. Lloyd (Chirk), Dr. E. V. Pegge (Briton Ferry), Dr. W. E. Thomas (Ystrad Rhondda).

*Lancashire*.—Dr. Campbell (Wigan).

*Midlands*.—Dr. Duncan (Chesterfield), Dr. E. H. Houfton (Mansfield), Dr. F. Wolverson (Walsall Wood).

Dr. J. Cromie (Blyth) was unable to attend owing to indisposition.

Mr. D. F. Todd was elected chairman of the conference.

It was reported that some of the colliery surgeons in Monmouthshire disagreed with the instructions given to the Representatives from South Wales, and had requested Drs. Verity and Haslett to attend to lay their views before the conference. These two gentlemen were invited to be present and to speak, but not to vote.

#### CONTRACTING OUT.

The conference considered the following resolution of the last conference held in London on November 8th, 1911:

That this meeting is not in favour of contracting out of the Insurance Bill for the provision of medical benefit.

It was decided to rescind this resolution and to adopt the following:

That the question of contracting out or not under the Act be decided by the vote of the majority of colliery and works surgeons in each area as defined by the Branch Councils, and that such decision be binding on all practitioners in such areas.

## MINIMUM CAPITATION FEE.

The following resolutions were adopted:

- That this conference is of opinion that the minimum capitation fee for insured persons should be 8s. 6d., or such other terms as are accepted by the British Medical Association.
- That in those areas where it is found possible to arrange for medical attendance on the families of insured persons the amount of remuneration be fixed on a basis of 8s. 6d. per person per annum, or such figures as may be accepted by the British Medical Association.

## MINIMUM RATES OF PAYMENT.

The following resolutions as to the minimum rates of payment, in addition to the amount received from the Insurance Committee, were adopted:

- That the minimum rate of payment for colliery contract practice, in addition to the amount received from the Insurance Committee for each insured worker, should be 9d. per fortnight per worker with dependants, and in those areas where a flat rate is desired, the minimum rate be 2½d. per week per worker, in both cases inclusive of medicines.
- That, as an alternative method, there might be a payment of not less than 2d. in the £ of wages from each worker, plus the amount received from the Insurance Committee on behalf of each insured worker.
- That this conference agrees with the suggestion that arrangements should be made whereby midwifery fees and other extra fees might be collected by instalments at the works office.
- That the principle that all payments be made where possible through the works office be adopted throughout the kingdom.

## PAYMENT FOR COLLIERY CONTRACT PRACTICE.

The present arrangements as regards payment for colliery contract practice throughout Great Britain were considered, together with suggestions as to alterations. The following resolution was adopted *nemine contradicente*:

- That colliery and works contract practice in Wales be remunerated by a minimum deduction of 3d. in the pound of wages, the service to include medicines and dressings ordered by the medical practitioner, but to exclude major operations, midwifery, abortions, miscarriages, and vaccinations; the minimum fee for midwifery being one guinea, for abortions and miscarriages 10s. 6d., and for vaccinations 3s. 6d.

## SCOTLAND.

The following resolution, received from the Scottish Medical Insurance Council, acting on behalf of the Scottish colliery and works surgeons, was approved:

- (a) That there be one national policy for Scotland.
- (b) That, in regard to the soundest system to be adopted, the following alternatives are recommended:
- (i) In cases of *contracting out*:  
3½d. per week without medicine, or  
4½d. per week including medicine.
- (ii) In cases of *not contracting out*:  
Capitation fee plus  
2d. per week without medicine, or  
2½d. per week including medicine.
- (c) That the system be not applied to individuals outwith collieries and public works, or at any rate where compulsory deductions cannot be made.
- (d) That all payments be made through the works offices where possible.
- (e) That the policy adopted be negotiated only through the recognized associations of masters, men, and doctors.

[A letter on behalf of the Colliery and Public Works Surgeons Committee on the Scottish Medical Insurance Council was issued on November 11th, signed by Alex. M. Easterbrook, chairman, Dr. Elliott Dickson, member of committee, and D. L. Eadie, secretary. The letter reported the above resolution, and pointed out that, in considering it, it was essential to keep in view and appreciate fully that in future (1) there must be free choice of doctor; and (2) that considerable extra work will be demanded, as definitely stated by the Chancellor. The question of not contracting out, it is pointed out, is subject to the decision of the Representative Meeting of the British Medical Association. The letter concludes as follows:

A serious difficulty is foreseen with regard to *contracting out*, in respect that each insured person must individually indicate on his card by what method he prefers to take his medical benefit, for example, panel, recognized system, etc.

Arising out of the Newcastle Conference it would appear that the poundage system (3d. per £1 of wages inclusive of medicine) as obtains in Wales presents advantages both to workmen and doctors, and gets over certain difficulties such as income limit, etc.

Your Committee is at present taking steps to approach the various recognized associations with a view to discussing the future arrangements for medical attendance.

We are instructed to suggest that local meetings of colliery and public works surgeons should be held, or that this circular should be discussed at the forthcoming Divisional meetings, and, if necessary, your Representative on this Committee will give any further information desired.]

## ADJUSTMENT OF CONTRACTS.

It was resolved:

- That no practitioner enter into any individual contract for medical attendance except through a local Medical Committee acting for an agreed area.

## ACCIDENTS AND INDUSTRIAL DISEASES.

It was resolved as follows:

- That in those areas where the custom has been to provide separately for treatment of accidents and industrial diseases the custom be continued for the future, if possible.

## DISPENSING.

It was resolved unanimously:

- That in those colliery areas where it has been the custom for the doctors to do their own dispensing efforts be made to enable them to continue doing so under the Act.

## ARREARS.

It was resolved unanimously:

- That in future it be the policy of colliery and works surgeons to make a demand through the recognized associations of doctors, owners, and workmen for all arrears of payment for medical attendance, due to strikes or stoppages; and that where the system of poundage is in operation the average wage of the last three months be taken as a basis.

## NEGOTIATIONS.

It was resolved to recommend the State Sickness Insurance Committee that in the event of any representations being made to the Chancellor of the Exchequer or the Insurance Commissioners, the special claims and difficulties of colliery surgeons be stated by representatives elected by the conference, and the following representatives were thereupon elected:

Mr. D. F. Todd.	Dr. R. F. Castle.
Dr. W. E. Thomas.	Dr. A. Smith.
Dr. A. M. Easterbrook.	Dr. A. T. Campbell.

## VOTE OF THANKS.

A hearty vote of thanks was accorded to Mr. D. F. Todd for his conduct in the chair.

The Chairman very hospitably entertained all those present at luncheon.

## IRELAND.

## AN UNVERIFIED STORY.

LAST week an article appeared in the *London Standard*—it was reproduced in the Dublin press—stating that Dr. Thomas J. Kelly (President of the Irish Medical Association) had visited London, and had carried through certain negotiations with Mr. John Burns, Mr. Lloyd George, Mr. John Redmond, and other members of Parliament, as the result of which it was decided to refer the terms agreed upon to a Select Committee of the House of Commons. It was stated also that Dr. Kelly, before accepting the terms on behalf of the association he represented, obtained their official concurrence by telephone direct from Ireland to the House of Commons. We need not reproduce the terms because the whole story appears to be apocryphal. Dr. Kelly, the secretary of the Irish Medical Association, has stated that no such negotiations were authorized by the Conjoint Committee. Dr. Kelly is not the president of the Irish Medical Association, and had no authority to enter into any negotiations with members of Parliament or others from the association. He has written to the press to say that he never in his life met Mr. John Burns, Mr. Lloyd George, Mr. Redmond, or any of the other members of Parliament mentioned, and never

made or suggested any agreement with them. The Irish press has also been officially informed that neither the Chancellor of the Exchequer nor the Irish Insurance Commissioners have any knowledge of these negotiations. All matters connected with the Insurance Act are referred to the Conjoint Committee, which is the body elected as representative of the entire medical profession in Ireland.

### JOINT COMMITTEE OF COLLEGES AND UNIVERSITIES IN ENGLAND.

At a meeting of the Joint Committee of the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the Medical Faculties of the Universities of England, held at the Royal College of Physicians on Wednesday, November 13th, the following resolutions were passed:

1. That in the opinion of this committee the conditions set up by the Provisional Regulations of the Insurance Commissioners, dated October 1st, 1912, are of such a nature as to interfere injuriously with the rights and proper independence of the medical profession and with efficiency in the treatment of insured persons.
2. That medical practitioners, in matters concerning their professional conduct, ought not to be tried before a tribunal that is not professional, the decisions of which may have the most serious effect on their reputation and practice.
3. Seeing that the carrying out of the Provisional Regulations is left largely in the hands of the local Insurance Committees, it would be unwise to agree to accept them (even if otherwise satisfactory) so long as the insured persons are represented upon these Committees by an overwhelming majority.
4. That attention should be called to the advisability of establishing tuberculosis centres in connexion with those hospitals to which medical schools are attached.

### MEETINGS OF THE PROFESSION.

#### MANCHESTER.

On Saturday last, November 9th, a mass meeting of the medical profession, organized by the National Medical Union, was held at the Midland Hotel, Manchester. Accompanying the invitation to the meeting was a circular stating that the object of the National Medical Union was to strengthen the hands of the British Medical Association in its insistence on the cardinal points, and that the Union is not prepared to compromise on any of the original demands; the full granting of them is the only condition upon which its members are willing to work the Act. A pamphlet was also sent to every practitioner containing a detailed criticism of the medical regulations and expressing the opinion that "the regulations bring out the objectionable features of the Act into higher relief, and a unanimous and firm refusal to form panels is the only tenable position which the profession can take up."

At the meeting on Saturday Mr. G. A. WRIGHT, Consulting Surgeon to the Manchester Royal Infirmary, presided, and there was a fair attendance. A number of letters of apology for absence were read, one being from Sir James Barr expressing pleasure at the stand which Manchester was making. After some introductory remarks by the CHAIRMAN, in which he expressed the hope that the profession would have nothing to do with the Government proposals, Mr. E. B. TURNER, of London, moved the following resolution:

That in the opinion of this meeting the conditions of service laid down in the regulations issued by the Insurance Commissioners are intolerable, notwithstanding the new proposals foreshadowed by Mr. Lloyd George in his speech on October 23rd, and would destroy for ever the independence of the medical profession. Therefore, any financial offer under the National Insurance Act should be refused until the conditions of service are made compatible with the best interests and honourable position of the profession.

This was seconded by Dr. T. WHEELER HART, one of the honorary secretaries of the National Medical Union, and supported by Drs. REYNOLDS and MURRAY, of Manchester, Dr. TROTTER (Huddersfield), and Dr. MANNIX (Lancaster), and was carried unanimously.

Mr. F. H. WESTMACOTT, of Manchester, then moved the following:

That the members of the British Medical Association present undertake to attend their Divisional meetings and instruct their Representatives that any failure on the part of the Representative Meeting to give effect to the original demands of the profession, formulated by the British Medical Association and re-confirmed at this meeting, will inevitably result in independent action being taken.

This was seconded by Dr. LOWE, of Crewe, and supported by Drs. RUSSELL (Edinburgh), CAMPBELL (Wigan), O'CONNOR (Oswestry), and O'SULLIVAN (Liverpool). Dr. RATCLIFF-GAYLARD, of Birkenhead, in urging that some resolution should have been moved that would allow of a *via media* so as to leave the Representatives at liberty to vote for negotiations being reopened, was subjected to considerable interruption, and had difficulty in getting a hearing, and the resolution was carried with only a few dissentients.

#### ROSSENDALE.

At a meeting of the Rossendale Medical Society, held on November 6th at Rawtenstall, the following resolution was passed unanimously:

That this meeting of the Rossendale Medical Society agree that we shall accept the full capitation grant, provided that we retain the dispensing, and that the conditions of service are made compatible with the best interests and honourable position of the profession and insured persons.

Dr. J. R. HAMILTON, convener of the Rural Subcommittee of the Scottish Medical Insurance Committee, desires to thank those members who replied to the questions he addressed to them recently on behalf of the subcommittee.

### CORRESPONDENCE.

#### THE TERMS AND CONDITIONS NOW OFFERED.

Dr. J. CHARLES (Stanley, S.O., co. Durham) writes: The dispute between the profession and the Government respecting the medical service under the Insurance Act must end soon. The profession is sick of it, Parliament is weary of it, and the public have had their fill of it.

The continuance by the profession of a policy of destructive criticism will produce no tangible result, and the persistence in an attitude of unbending dictation will alienate Parliament and the public alike.

Let the profession finally come to an agreement with the Government through an executive invested with plenary powers, and let a settlement be arranged based on a compromise between the terms and conditions now offered and those that we desire. Afterwards, by loyal service under the Act, let us endeavour to make it a success and evolve a better state of things for the profession in the future.

What stands in the way? Up to 85 per cent. of the whole the demands of the profession have been conceded. Is it worth while wrangling further over what remains unsettled?

With certain unimportant reservations to meet the wants of existing institutions, which the profession itself has helped to establish, the great principle of "free choice of doctor" is confirmed by the Act, and remuneration is offered which guarantees an income of from £200 to £300 a year—an income not subject to deductions or fluctuations through diminished work—to the great majority of the working-class practitioners in the country, and that for service given to the healthiest section of their *clientèle* only.

The £2 wage limit is not worth squabbling over; it will make no material difference one way or other to the income of the average practitioner in a working-class community, and to insist upon it would inflict on the public such a system of inquisitorial inquiry as would produce widespread resentment against the profession.

The administrative and disciplinary machinery of the Act as it affects the profession may not be perfect or perhaps fair to the profession, but, on the other hand, the objections to it are for the most part conjectural, probably greatly imaginary. At any rate, they cannot be substantiated till the machinery has been tried, and are not of such vital importance as to justify a refusal to work the Act.

It is significant to find in the present crisis that the

practitioners in this county who are accustomed to a system of collective practice and payment by an "inclusive per capita fee for whole services levied on all adult workers" are almost unanimous in their acceptance of the medical service of the Insurance Act. The work required does not trouble them, as they have experienced it in the past, and know that it is not unreasonable; they are not disturbed in their minds about the "lay control" and "Government supervision," and they smile at the mention of that formidable looking, but really harmless little watchdog, the "Committee of Complaints," that will be set to keep the peace.

Having some experience of such like committees and lodges in their practices in the past they do not regard them with dread or misgiving, and they feel sure they will make very little difference in the general working of their practices.

It should not be forgotten that one effect of the acceptance of service under the Insurance Act will be to distribute the work of general practice more evenly and equitably than in the past, to lessen hospital abuse, and to strike off part at least of the burden of "charitable service" that has oppressed the profession for generations.

What is wanted now is for the profession to cease contending, wrangling, and hair-splitting over the trivial and non-essential, and to come to a decision on the main issue. If the scheme of the Insurance Act, as now amended and improved, is to be preferred to either of the two alternatives, a Public Medical Service or a State Medical Service—and viewed from the standpoint of the general practitioner it is infinitely superior to both—then let us meet the Government, through an authorized and trusted Executive, in a reasonable spirit, point out what is unfair to the profession and inimical to the successful working of a medical service in the Regulations, and there is no reason to doubt that a settlement satisfactory to both sides will be brought about.

Dr. W. GIFFORD NASH (Bedford) writes: The more one studies the Provisional Regulations the more convinced one becomes of the impossibility of working the Act.

Mr. Lloyd George professes to have raised the capitation fee to 7s., including 6d. per head for the domiciliary treatment of tuberculosis, without any deductions for drugs, administrative expenses, or for any other purposes. Mileage, however, is included in the 7s. if the rural and urban practitioners agree, which means that the urban doctors would get less than 7s., and the rural doctors more. There will be no allowance for extras, which Mr. Lloyd George values at from 2s. to 4s. a head.

It seems impossible that medical men will agree to these terms when we consider what is expected of them in the way of work.

I will consider this under seven headings:

1. *Loss of Freedom.*—Medical inspectors will be employed. Doctors will be liable to dismissal from the panel, and therefore to ruin.

2. *Loss of Private Patients.*—Many patients who have previously paid fees will now become insured persons.

3. *Free Medical Certificates.*—These will be the certificate that the insured person is unfit for work, the certificate that he continues unfit for work, and the certificate when he is restored to health.

4. *Records of Patients Treated and Visits Paid.*—Under the Act Mr. Lloyd George states that "more visits and better attendance would be provided." This is to be carried out in the following way: "Daybooks will be provided in which the following particulars will be entered: Name of patient, address, name of society and number, record of visits and other attendances, age, sex, and nature of illness" (SUPPLEMENT, November 9th, p. 502). The practitioner will have to carry about with him certificate forms, prescription forms, and special forms for drugs not included in the list.

5. *Proper Amount of Time and Attention to be Given and Modern Methods of Exact Diagnosis to be Used.*—Mr. Lloyd George, in his statement of October 23rd, stated:

It will be the duty of the Commissioners to see that a proper standard is reached and maintained, not merely in respect of the number of visits paid or the number of times a patient is seen at the doctor's surgery, but also in respect of the amount

of time and attention given, and also that where necessary the practitioner should resort to those modern means of exact diagnosis the importance of which I am advised is increasingly recognized in the profession.

6. *Detailed Quarterly Accounts.*—Regulation 31 says that every practitioner on the panel shall furnish to the Committee a quarterly account in a form approved by the Committee containing such particulars as may be necessary for calculating the amount of remuneration payable to him by the Committee, and also

before payment of the balance the Committee shall submit all accounts to a committee appointed by the practitioners on the panel, which shall have power to reduce or disallow any item of any account.

Let us consider what this means.

The members of this medical committee, already bored to death by making out their own detailed quarterly accounts, will have to go through numberless items in their professional rivals' accounts to find out whether they are overcharging.

I cannot imagine any one consenting to act on such a committee.

7. *Attendance on Insurance Committees, Medical Committees, and Complaints Committee.*—Insurance Committees will probably meet once a month, at a time convenient to themselves; Medical Committees will have to meet equally often, and no one knows how often the Complaints Committee will meet.

Is it likely that hard-worked medical men on the panel will be able to give up time to attend all these committee meetings?

If they do not attend regularly, then the admitted under-representation of medical men on these committees will be exaggerated.

When one considers all these new duties thrust on medical men against their will, one cannot but feel that the capitation sum offered is absurdly inadequate.

Apparently, medical men cannot be trusted to dispense proper drugs or to do their work without inspection, but one does not hear of any proposed inspection of the chemists or analysis of their drugs.

It is to be hoped that every medical man will carefully study the Regulations before he consents to part with his freedom.

Dr. COOKE (Wigan), who considers that the profession is now either on the point of coming to some arrangement or at the parting of the ways, suggests that the profession should set out in explicit language what it considers essential under existing conditions. While he agrees with those who hold that the profession cannot accept the present offers, he considers that it has not indicated with sufficient clearness the terms it is prepared to accept. Writing as a practitioner of thirty years' standing, engaged largely in contract work as well as in private practice, he submits the following suggestions, premising that he considers that the amount set aside by the Chancellor would, with very little help, cover the requirements.

1. That the right to dispense medicines for our patients shall be a *sine qua non*.

Reasons:

- (a) Economy.
- (b) In the best interests of the patient.
- (c) In the interest of the practitioners.
- (d) The practitioner is responsible for quality of drugs.

The Chancellor has been badly advised as to the dispensing of medicines by practitioners. He seems to have been imbued with the idea that, from the practitioner's point of view, anything was good enough for the club patient, and in some cases, I regret to say, this may have had some foundation, but I protest it is a gross libel on the great majority. I would like to ask, Will the men who dispense indifferent medicines give better thought-out prescriptions? I think not, especially when they see that latest glittering "tanner" dangling before them. If this last offer of the Chancellor's is not an inducement to invite shoddy prescriptions, I don't know what is. This I say with no disrespect to the Chancellor; he is acting on advice, which advice is bad.

It will be a misfortune for the country when it becomes deluged with prescriptions; no amount of supervision can prevent their indiscriminate abuse, and instead of being a nation of beer drinkers or tea imbibers, both bad, we shall go one still worse and become a nation of physic swallows. The drug habit is already sufficiently



alarming, and we should pause before countenancing measures likely to add to this pernicious tendency.

In country and scattered districts the difficulty of getting at the chemist will be a source of confusion and dangerous delay. Practical medical men fully realize the many advantages to the patient when, in urgent cases, additions or alterations in the treatment can be made with a minimum loss of time.

2. That the full capitation fee of 9s. be handed over to the profession, which shall be an inclusive fee with the following exceptions:

- (a) Bacteriological and similar examinations.
- (b) Consultations, which shall be paid for by the patient, if able, and if not, then by the Commissioners according to their discretion.
- (c) Any illness through attacks of specific disease, or any illness or injury brought on by the patient's own folly, and which precludes his right to sick pay.

3. That duly qualified assistants be recognized as before, because—

- (a) It is necessary, especially in country districts, in the interests of both patient and doctor, to have a second help.
- (b) In emergencies.
- (c) In temporary absence or indisposition of principal.
- (d) To assist in the extra clerical work which will be imposed by the Act.
- (e) As a means of newly qualified men obtaining experience in general practice.

4. That the Regulations issued by the Commissioners be revised and made more in conformity with the wishes of the profession.

5. That in dangerous or hazardous occupations treatment be paid for as heretofore, outside ordinary sickness and domestic accidents.

Accident clubs and societies have been long in existence all over the country, and these have been treated and dealt with, and special payment been made by them apart from any sickness fund—it is only reasonable to suppose that they would be quite willing to continue these arrangements out of their own funds.

6. That mileage be computed from the residence of the nearest practitioner, and to be at the capitation rate of 1s. per mile, after the first mile.

This would not affect the total amount set aside by the Chancellor, but would come out of the 9s. capitation fee.

Now, as nine-tenths of the total insured persons live within a mile of some medical man, and of the one-tenth outside the one-mile radius a large proportion would come within the two-mile radius, it will be seen that a very small deduction from the 9s. would pay for the mileage; so that under one mile the capitation would be 8s. 6d. or 8s. 9d. The small deduction mentioned would amply provide for mileage.

7. Operations and administration of anaesthetics to be arranged for on a similar basis to that allowed by the Poor Law. Any operation following a trade accident would be provided for as at present, under the accident capitation fee without extra charge.

8. Provided the foregoing are accepted, together with better representation of the profession on the various committees, the wage limit to be the present income-tax amount.

In conclusion I would like to point out that, although we would be quite prepared to keep the books suggested by the Chancellor free of access at all reasonable times to a medical inspector, there would be little need of inspectors or complaints committees if the medical man feels he is being well paid. The fact that all patients have free choice of doctor will speedily find out and penalize the neglectful practitioner. The fact that panels will be open to all duly qualified medical men will dispel any undue employment of assistants.

So that we see the only financial liability devolving on the Chancellor, outside the amount already promised, would be:

1. Bacteriological examinations of the sputum in tuberculosis, the blood in typhoid, throat membrane in diphtheria, and one or two others.
2. Consultations in a few cases too poor to be paid for by the patient, and which would have to be determined by the Commissioners.
3. Those operations (which would be very few) outside trade accidents.
4. The administration of anaesthetics.

The whole would not, I dare guarantee, amount to more than 1d. per head per annum of the total insured persons.

Dr. H. REYNOLDS BROWN (Maldon) writes: Many branches of the Association throughout the country are

passing resolutions declining to accept the Chancellor's latest offer under the Insurance Act.

Do we all realize that such a refusal amounts to a challenge to the Government to follow the other course that has been threatened, and appoint whole-time medical officers?

That the Government, if met with a blank refusal, will revise its terms financially, or to any large extent in other respects, is merely a vain hope. The opinion of politicians on both sides of the House, and of the bulk of the laity outside, seems to be that the terms already offered are generous. So that little if any support can be expected by us from public opinion.

The number of insured is about fourteen millions. It may be anticipated that the average number that can be attended by one whole-time man will be about 2,500. The number of men required will thus be about 5,600. At 7s. per insured person the average sum available for each medical officer will be £875.

What number of medical men will fail to resist such an offer, say, in the form of a salary of £600 a year rising to £800, the balance available being held over for a pension? He must be very sanguine who can believe that one thousand of such men could not be found. The first step, then, would be to settle these thousand officers in industrial districts. In a few months a considerable number of struggling doctors in these districts would find themselves confronted with the alternative of applying for such posts themselves, or—starvation. One may confidently predict that, if this takes place, five years or less will see the Insurance Act fully provided with whole-time medical officers. Are we prepared to face this prospect? If we are, let us go on as we are doing. If not, we must change our tactics. But do not let us live in a fool's paradise, believing that our position is impregnable.

Our fundamental fallacy is that most of us imagine that the Chancellor of the Exchequer is reluctant to follow such a course. For my part I strongly suspect that he is anxious to adopt it, if he can do so with popular approval. And we are doing our best to manufacture such popular approval for him.

It seems to me that there is one way, and one only, left by which we can build up an enlightened public opinion favourable to our demands. Let us accept the offer tentatively for three years. Let us all insist (as we can) on payment for work done, and not by capitation. The amount payable for each service will be governed by the capitation grant available for each district. If the work turns out to be as heavy as we have good ground for believing that it will, the public and the Government cannot fail to be impressed by the miserably inadequate scale of fees that we earn. We shall then be in a position to demand our due.

Dr. D. V. HAIG (Honorary Secretary and Representative, Darlington Division) writes: I am struck by the feebleness of the reasons advanced by those who write in favour of our accepting the cunning offer of the Chancellor. In February last the famous "unmistakable language" resolution was carried by 159 votes to 3. This resolution stated that we absolutely declined to accept any work under the Act until our minimum demands were effectually secured. No man claims that they have been granted, much less secured. Yet there appear to be many who now advocate an entire abandonment of our position. Their reasons may be summed up in one word—"Funk." Afraid of public opinion, afraid of the working men, afraid of blacklegs, afraid of a whole-time service. Not one man gives as his reason that we asked more than is right and just, or more than we deserve. The only other reason given is that under the Act we should get more than we now do under existing club rates. This argument is so ridiculous that it is hardly worth refuting. It will not bear examination, even by those who have done a proportion of club work up to now. And what weight can it have for those of us—a goodly number—who have no clubs at all, and do not want any? If we accept the terms now offered we will find in three years' time that we have fastened the chains of State contract work on to our shoulders for the rest of our lives. United we stand, divided we fall. The Chancellor knows that, hence his offer of a concession, more apparent than real, which he hopes—I am afraid with a good chance of success—will

tempt the faint-hearted ones to break the hitherto splendid unity of our profession.

Mr. H. J. GATER (Peckham) writes: There are two matters which I think we should be most insistent in demanding under the Insurance Act:

1. *The Right to do our own Dispensing.*

This is a right which we obtained on qualifying, and which I, for one, refuse to give up. I earned it (it was not given to me) and I defy any man, or combination of men, to deprive me of that right. I am surprised that the Royal Colleges and the Apothecaries' Society have not been more insistent on this matter. If we are going to create a precedent in this, in the course of time we shall forfeit our diplomas.

2. *The Absolute Refusal to Attend upon Patients Suffering from Diseases due to Misconduct (Alcoholism, Syphilis, Gonorrhoea).*

Fancy being called up at 2 a.m. on a cold winter's night to attend a drunken scoundrel in *déjà* tremens, or treating gonorrhoea cases by irrigation! Who's going to pay for the irrigation apparatus? Modern methods are demanded, and the above diseases were never treated under the old clubs, or dilating your strictures (due to an old gonorrhoea) by a Kollman's dilator.

It is all very well for Mr. Lloyd George and people of his kidney to lay the stress on modern methods, who do not know what they are talking about.

Modern methods means modern prices, or is it another name for rare and refreshing fruit?

Dr. J. R. R. TRIST (St. Columb, Cornwall) writes: The Chancellor's reply (SUPPLEMENT, November 9th, p. 502) suggests comments as follows:

1. *Increased Services, etc.*—We know that inadequate fees are only profitably accepted by those who render inadequate services. Those of us who refuse to add to our income thus because we refuse to render inadequate service must welcome action tending to the honour of the profession and the welfare of the people.

2. *Definition of Medical Benefit.*—Satisfactory, provided that we can agree what is "a reasonable capitation fee to cover visits and consultations which are not of a special character."

3. *Amount of Remuneration: Mileage.*—Let us decide (after considering extras as in paragraph 2 and mileage) what is "a reasonable capitation fee," etc., and ask the Government to *guarantee* (1) the capitation fee, (2) extras, (3) mileage, and leave actuarial questions to them. They can carry over annual surplus or deficit to be dealt with in the Budget.

4. *Abnormal Drug Fund.*—Suggests no comment.

5. *Employment of Assistants.*—We know that the honour of the profession and the welfare of the people is not always best served by the profuse employment of assistants—often a commercialization of medicine. The interests of the profession as such and of the Government are one in this matter; details should be sealed by co-operative consideration by Representatives.

6. *Treatment of tuberculosis* suggests no comment.

The principles involved in paragraphs 1 and 3 are what the welfare of our profession demands. Let us appoint those with power to negotiate with the Government, to assure them of our aims, and to point out that only adequate remuneration will result in:

1. Removal of temptation to give inadequate service—*Liberty.*
2. Adequate service for the poor wage-earner equally with the capitalist—*Equality.*
3. A cordial relationship between the working classes and their chosen doctor—*Fraternity.*

I shall, of course, hold it my duty to obey my Division (which has not yet voted on the Report of Council), but these are my views.

Dr. J. A. MAGEE (Sheffield) writes: I am of opinion that the financial part of the Act should be accepted. If we do this, no one can accuse us of mercenary objection to the Act.

If we accept the remuneration offered, we can, I believe, have the other objectionable parts altered to suit our wishes. We have said that our objection was not

altogether a monetary one. Let us prove our contention now, and in three years, if the amount is not enough, agitate for an increase.

Mr. G. W. HARVEY BIRD, M.B., B.C.Camb., and Mr. PENROSE WILLIAMS, F.R.C.S.Edin. (Bridgwater), write: There are three alternatives open to the profession with regard to the Chancellor's latest offer: To accept, to refuse, to negotiate. The last being, in our view, the proper course, we intend proposing the following resolutions at the meeting of the West Somerset Branch on November 15th, and, as that date is so close to the Representative Meeting, should be glad of the opportunity of placing them before other members:

1. That the Government's latest offer be accepted as a basis for further negotiations.
2. That a committee be appointed at the forthcoming Representative Meeting to reopen negotiations with the Government, with power to arrange terms.
3. That in view of the fact that practical pathology now has a place of definite and increasing importance in everyday practice, it is essential that arrangements should be made for providing the practitioner with this assistance, both as regards diagnosis and treatment.
4. That the following points be taken as a minimum basis for negotiation:
  - i. *Practical Pathology.*—(a) To be recognized as necessary; (b) to be excluded from practitioners' liability.
  - ii. *Dispensing to be retained by practitioner.*
  - iii. *Tuberculosis* to be excluded from inclusive fee, as originally arranged, and attendance on such optional (see below).
  - iv. *Income Limit.*—Demand for universal £2 limit to be dropped, and left for local arrangement, but the £160 limit to be absolute both for present and future, so that any person reaching this income goes off medical list.
  - v. *Post Office Contributors.*—A special rate (see below).
  - vi. *Regulations.*—(a) Objectionable features of lay control to be deleted; (b) to expressly exclude from the contract special work, such as major operations, anaesthetics, consultations, refractions, x-ray work, bacteriology, etc.
  - vii. *Capitation Fee.*—Ten shillings: nine shillings to go to the practitioner without any deductions. One shilling to go to a central medical fund, from which grants shall be made for mileage, pathology, attendance on Post Office contributors, and for tuberculosis, and excess drugs, etc., in experiments. Arrangements for distribution of this fund to be entirely in the hands of the profession.

It may be pointed out that in exchange for an additional shilling the Government would be relieved of:

1. Further argument *re* income limit.
2. The necessity for making special arrangements for attendance on Post Office contributors.
3. The provision of a central fund for excessive expenditure in epidemics, as already promised by the Chancellor.

Mr. STANLEY YEOMAN, M.B.Cantab. (Prestwich, Manchester), writes: I am sure that the profession is united in believing that under the present Regulations the National Insurance Act is unworkable, and also that it is divided on the point as to whether negotiations should be reopened. May I call the attention of those who are of opinion that negotiations should be reopened to the six cardinal points once again, as being fixed by the Association as the irreducible minimum? On the strength of that resolution, I, along with others, joined the Association. If now we are told that they were never intended as an irreducible minimum, but simply as a pious expression of what we might get, then I am afraid that I have joined under a misapprehension, and that instead of a straightforward game, we have been playing a game of bluff, which, if continued, will make the pledges that we have signed so much waste paper. This position would, indeed, be intolerable, as it would result in every man for himself and the devil take the weakest. This will be a creditable ending, indeed, to the Association, if it determines to reopen negotiations before the six cardinal points have been granted by law. Now, as to the advisability of reopening negotiations, I still believe that the profession have determined to have the six cardinal points granted, and that it is with that object that some wish negotiations to be resumed. Now, this is my point: that in the past, while negotiations were going on, we gained nothing; when we broke off negotiations, then we gained (perhaps) some advantage. This, I think, should teach us this

lesson, that nothing less than an ultimatum (and one we are prepared to follow to the end) will win our just fight. This ultimatum has been given, and to that we shall stick if we intend to uphold the honour of our profession. Without the honour, what will be the temptation for the next generation to join the profession? Certainly not the chance that they will ever make a fortune, however hard they strive.

Dr. CHARLES S. PATTERSON (Medical Officer, Lambourn Branch, Great Western Railway Provident ) writes: In view of what has already taken place, can the Representative Body in any way reduce the terms stated in the Secretary's letter to the Chancellor to be the irreducible minimum?

On this statement 8,000 odd of practitioners holding contract appointments sent in our resignations. By what line of reasoning can the Council invite the Representative Body to consider any reduction until they have obtained the written consent of each of these contract holders? It is to be remembered even by our leaders that the general practitioners of Great Britain are not bound to supply medical attendance to insured persons on January 15th, 1913. The Chancellor of the Exchequer is so bound. He has collected the money and must supply the goods. Unfortunately he sold before he had made his contract to purchase.

Now with the assistance of sundry specialists, professors, medical officers of health, etc., who will not themselves work the Act, an endeavour is being made to cajole or frighten the general practitioners into taking over the liability under what we know to be absurd and degrading regulations at starvation wages. The medical bigwigs must think us fools. The Representatives fixed the minimum terms as irreducible. On this we sent in our resignations. Now, no one—not even the gods in Olympus, the Council—can go back on those terms without the consent of each contract doctor.

As I personally obtained the resignations of fourteen brother practitioners holding forty-six contract appointments, naturally my responsibility is great. One man told me on Thursday last that he had given up over £55 a year on the basis of the minimum terms, and would consider any reduction would absolve from his pledge.

#### Rural.

Mr. R. GILLESPIE SMITH (Wrangle, Boston, Lincs.), writes: As another village practitioner I should like to endorse Dr. Williams-Freeman's opinion on having a plebiscite of general practitioners—but I doubt whether we should vote alike, as I am afraid I have not his optimism to arrive at such a favourable conclusion in estimating the effect of the Act on my practice. I hope both he and Dr. O'Ferrall, who says, "We are now offered a fair rate of remuneration," have read Dr. B. G. Morison's letter in the same issue of the SUPPLEMENT. They can hardly realize that the sum to be put away for the medical benefit of each insured person (9s., including drugs, dressings, and appliances, or 7s. without these) does not mean that it will be the actual capitation fee we shall receive for each patient. Whatever else will come out of it, we are definitely told that two things will: (1) Fees will be deducted for "services of a special character which can be rendered by the general practitioner." (2) Mileage—whichever way it is agreed upon to pay for it. Consequently, both the above, at any rate, will materially help to make the capitation fee fall below the sum for medical benefit. I also wonder if they realize that we shall not be treating picked lives as formerly; that women to a large extent come in; that venereal diseases, alcoholism, miscarriages and abortions are included; that more time for clerical work will be necessary, and that the Chancellor says he wants an adequate service. If Dr. O'Ferrall thinks we are being offered a fair remuneration I do not agree with him, nor do I agree with Dr. Lauriston Shaw, "That the new terms justify us in giving them a trial."

As Dr. Style says, there is another aspect of the question besides the financial one; and besides what he says, we must note the loss of dispensing, the obligation to attend, the inadequate representation we are given, and the formation of the Committee of Complaints. There will also sure to be more legal worries, as the Act will clash with the Workmen's Compensation Act.

If any one is justified in giving the new terms a trial, I submit it is those members of the Advisory Committee who, "after anxious consideration," deemed it their duty to remain in office. Let them all go either into a working-class practice in a town or into a large country practice for six months and work the Act, and then let us know how they like it.

#### THE POSITION OF THE PROFESSION TO-MORROW UNDER THE ACT AND OTHERWISE.

Dr. EVAN JONES (London) writes: It is time the profession carefully weighs the position it finds itself in on the eve of what must be a momentous and final decision with regard to the Insurance Act, and what its prospects are if it consents to work the Act, and also if it does not.

In the event of the Representative Meeting deciding to work the Act—under the Regulations as they are or as they may be modified—what will be the position of the general practitioner next year?

1. *Wage Limit.*—With regard to this we shall be fighting in small sections against Insurance Committees packed by the friendly societies, who are determined above all things not to have a wage limit at all. The result must be a deadlock unless we give way or hang together in a solid phalanx.

2. *The free choice of doctor* means now not what it did when the bill was before the Commons, and in country districts it clearly will mean the nearest doctor, or the insured must pay the extra mileage himself, and in urban districts it may be partly wiped out by the Harmsworth amendment.

3. Administration of medical benefit by the Insurance Committees is absolutely nullified by the provisions of the Act placing representatives of friendly societies in an overwhelming majority on such bodies as to enable them to impose their will.

4. *Professional discipline* will have passed into the hands of laymen. This one feature of the Act has done more to cement the unity of the profession—and, indeed, to create it—than any other single point. The profession from the first resolutely set its face against this, and the fact that it is laboured in the Regulations is in itself sufficient reason absolutely to refuse to have anything to do with the Act. A premium is placed on complaints, as by this means a dissatisfied member may be able to change his doctor.

5. *Method of Remuneration.*—This cardinal point becomes absolutely inoperative, as the amount *per capitem* that can be spent is the same in all districts, whether the patient resides sixteen yards or sixteen miles from his doctor.

6. *Adequate remuneration*, having regard to the duties and conditions of service, the minimum capitation to be 8s. 6d., with extras and subject to income limit.

This requires careful consideration in order to find out approximately what is really offered in money and what service is asked for in return. The Chancellor, in reply to Lord Helmsley, stated in clear terms that the figures he gave were inclusive of everything, and it appears that the only possible provision beyond them is for extra drugs during epidemics. Not a word as to extra fees for the doctors during such times; probably he—the doctor—is not considered worthy of discussion in such a case.

#### Tuberculosis.

We are to do all work in connexion with tuberculosis in future on a capitation basis of 6d. per insured person, and apparently this is to be made a condition of arrangement for medical benefit. It is important to bring home to the general practitioner the significance of this, and I will do so by illustration, thus:

In one practice where 1,750 club members are now attended by two practitioners, the income on the scale laid down by the British Medical Association would be at least £240 per annum; but, taking it that a maximum of 25 per cent. of cases would be away at any one time, then the net income would be £180 a year, whereas at 6d. per head it will be £43 15s., a difference of £136 5s.

The extra remuneration now offered (2s.) will add to the income (supposing we are paid the whole of it, which I will show presently is impossible) the sum of £175; but, after deducting the reduction on tuberculosis, this amounts to a possible maximum of £38 15s.

*Approximate Amount likely to Reach the Doctor.*

The total maximum available is 6s. 6d.; I take no account of the 6d. bribe to try and get the doctors to starve their patients of medicine, and it is certain that they will never consent for a trifling extra to be guilty of any such action; it can be taken for granted that all the 2s. will be spent in drugs, appliances, dressings, bandages, etc., and that it will not be enough, and the only sum worth taking any account of is the 6s. 6d. Notwithstanding the Chancellor's statement—which, on the face of it, appears to the public to be the sum the doctor receives net for each patient—it is clearly not what is intended, and when the new Regulations appear the following changes must come in front of the doctor's claim:

1. Forms of certificates.
2. Forms of continuous record.
3. Mileage.
4. Cost of providing medical attendance for insured persons while away from home.
5. Cost of the modern methods of accurate diagnosis. If this means anything it means fees for blood cultures, blood counts, examination of serous fluids, x-ray examinations, and a host of other things which the general practitioner finds it impossible to do personally if he wants time to earn a living.

What will be the total of these charges? Will 1s., or even 1s. 6d., cover them? I question it very much.

It may be said that (4) will be balanced by each district drawing fees from others to compensate for what they lose, but it is necessary to point out that we are not deducted anything at present from our capitation fees.

The only other fee to consider is the 6d. for tuberculosis work, but this is also inclusive, and after drugs, hypodermic drugs, cod-liver oil, malt, tuberculin, etc., are paid for, how much will be left for the doctor? Will there be 2d.? In poor districts there will be nothing, I fear.

*Services to be Rendered.**What are we called upon to do for this remuneration?*

To give ordinary medical attendance as we are now doing, plus—

1. Free certificates.
2. Keeping records of all patients and everything we do for them, and the necessary consequence of this, if they are to be of any use to the authorities, must be the supplying of duplicates and constantly being inspected. This undermines the whole basis of the relations of doctor and patients as hitherto understood.
3. Extra services as shown above to be provided out of the district fund.
4. All diseases due to the patient's own misconduct are to be attended free—drunkenness, venereal disease, etc.
5. All chronic cases now rejected by the friendly societies must be attended at the same rate as healthy lives.
6. Frivolous calls, night or day, by any patient on our list will have to be attended to unless the doctors wish to be hauled up continually before that monstrous twentieth century Star Chamber, the Complaints Committee.
7. Aged persons, after ceasing to be insured persons, must be attended without extra fee.
8. The doctor is denied the right of employing an assistant, or even a locum tenens in his absence.
9. Whether he can call his own is not stated in the Regulations, but his holidays and night's rest will in future be curtailed or entirely abolished.
10. Under sanatorium benefit he is called upon to make early diagnosis, and examine contacts, and give unlimited service.

It is hoped the Divisions will carefully consider these matters before instructing their Representatives, and I trust they will be instructed to vote against service under the Act; but if such a calamity occurred that by a majority the Representative Meeting decided to work under the Act, such conditions should be laid down that would ensure the Regulations being entirely remodelled, as many obnoxious clauses could be expunged or altered without contravening the provisions of the Act itself; and, above all, it should be insisted on, as a cardinal point on which we will under no circumstances give way, that sanatorium benefit must be kept separate from medical benefit, and must be paid for on the British Medical Association scale and not by capitation.

If the Representative Meeting adopts Subclause 114 (b), and refuses to work under the Act, I maintain it is no part of the duty of the profession to provide any public medical service, and our whole duty consists in stating the conditions and terms upon which we are prepared to give attendance on clubs and societies.

The threat of a State service I regard as a convenient bogey to trot out when it is thought it can influence waverers. I fear it not. The cost would be enormous; to sketch a few items:

1. The provision of thousands of houses.
2. Adapting them.
3. Maintaining them—cleaning, heating, lighting.
4. Furnishing them for the practice and for the medical officers.
5. Equipment of instruments, etc.
6. Salaries.

The claims put forward by the profession are modest indeed, compared with the cost of a State service, and, even if it did succeed in starting such service, the Government would be bound to make the conditions approximate to those under which other civil servants worked, and the many thousands of medical men required would undoubtedly improve the position and status of those remaining outside the service.

In the present momentous crisis it is imperative that the profession should act as one concerted whole, and whatever decision is arrived at by the Representative Meeting, unity is more essential to us now than ever before, and to secure continued unity of the profession a clear and strong lead is necessary.

## THE NECESSITY OF AN INCOME LIMIT.

*Voluntary Contributors.*

DR. REGINALD THRELFALL BAILEY (Liverpool) writes: Will you allow me to point out to those gentlemen who imagine that there is something for them under the Insurance Act to remember that, whatever income limit, if any, may be authorized for employed contributors, there is no income limit for voluntary contributors, who may be the whole nation? In order to prove this to them, I extract from the National Health Insurance Commission's Official Explanatory Leaflet No. 15 (this leaflet was sent out by the Insurance Commissioners) the following:

In order to become voluntary contributors persons must be under 65 years of age and—

- (1) must be earning their own living;
- (2) their income from all sources must not be more than £160 a year, UNLESS they have previously been insured under the Act for at least five years whether as employed or as voluntary contributors.

Once having become voluntary contributors, and having completed five years of insurance, they may continue to be voluntary contributors *whatever their income and whether they are earning their own living or not.*

As every person who starts earning a living does so at an income less than £160 a year, it is obvious that in a short time the whole nation can and will come under the Act: we must prevent this. Unless we now insist on our seven cardinal points being our irreducible minimum, private practice in any shape or form is doomed, and the freedom and honour of our profession gone. The mass meeting of medical men at Manchester on November 9th, and the splendid meeting under the auspices of the British Medical Association held in Liverpool on November 12th, unanimously resolved to refuse service under the Act and to insist on the seven cardinal points as the medical profession's irreducible minimum, and this must be the resolution of the Representative Meeting next week.

## AN APPEAL FOR NEGOTIATION AND ACCEPTANCE.

DR. MAJOR GREENWOOD (London, N.E.) writes: With your permission I should like to say a few words on the letter of Dr. W. J. Durant under the above heading.

In the first place I must take an exception to part of the heading. It should read an "appeal for acceptance." At the present late hour it must be evident to all that the Chancellor has said his last word. It is now only open for the profession either to accept or reject his terms. If the latter course is taken, he may possibly say something else; if the former, it is difficult to see why he should. An acceptance coupled with terms is practically equivalent to a rejection, and would only be a kind of sugaring the pill that the profession is asked to swallow. If a pleni-potentiary committee is appointed to make the best terms possible with the Chancellor without reference to another Representative Meeting, he has only to sit tight and the game is in his own hands.

If I regarded as "pinpricks" the objections to the proposed latest scheme of Mr. Lloyd George, I should be quite of Dr. Durant's opinion in this matter. I will even go farther, and agree with him on the whole question, but with the following proviso. All the terrible consequences so vividly portrayed by his facile pen will undoubtedly happen on rejection of the Chancellor's terms if—

1. There has been no real meaning in the almost universal repudiation of the medical part of the Act, since it was first introduced into the House of Commons, if it has been throughout mere "bluff," for the purpose of getting the best terms under the circumstances.

2. If the apparent union of the profession in the matter has been merely make-believe, and on being told by the Government that what it considers vital for the good of the profession and the public cannot be had, it is prepared to surrender and apologize meekly for being so troublesome.

3. If the profession has not learnt the alphabet of true trade unionism, and does not understand that it must be prepared to suffer—perhaps largely individually—to gain its legitimate ends; in other words, if it does not honestly believe that its ends are worth fighting for, unless it can be done without the risk of loss to individuals.

4. If it is now prepared to climb down and admit that three-fourths of the work of its Representatives at the last four Representative Meetings have been wasted, and the practical good obtained therefrom is a negligible quantity.

If these four hypotheses are admitted, I am ready to rank myself among Dr. Durant's most sincere supporters.

Dr. E. ROWLAND FOTHERGILL (Brighton) writes: Your correspondent who in your last issue ventures an appeal to the profession "to give us a trial," fails to advance any logical reasons for so doing.

The offer of the Government does not come up in financial value to the level of an average club practice of 4s. a member per annum; the professional status of the medical officers of such a service would probably be considerably less; and in the next generation their scientific capabilities a negligible quantity.

Has your correspondent ever considered the possibility that acceptance of the present outlined service would prove a ready means for the introduction of a State Medical Service after three years, and that such a service might not "provide against loss of health nor be a prevention and cure of sickness?"

He makes the appeal one expects to receive just before a Representative Meeting, that the Representatives be given a free hand. Such an appeal can only be justified on the assumption that medical practitioners are incapable of thinking logically for themselves, and that their elected representatives will be squeezable when submitted next week to speeches more noticeable for their eloquence than their statesmanlike grasp of facts and realization of the probable consequences attendant on any decision come to.

#### THE PRESENT CRISIS AND PROFESSIONAL UNION.

Dr. R. C. BUIST (Dundee) writes: As I cannot attend both this week's Council meeting and the Representative Meeting, I wish to endorse the representations which Dr. Lauriston Shaw has made as to the danger of smashing the machinery of the Association on which the profession has been and must still be dependent. The most serious danger arises from the tendency of some to adopt an attitude "We won't and you shan't" with regard to the Insurance Act, which finds expression in recurrent dogmatic assertion "that we are united and need not budge," and "that we have stated our minimum terms and they have not been granted." This attitude is based on obliviousness of the fact that our union was established for our defence against the conditions originally proposed for the insurance service, and not for attack upon the Insurance Act as a measure of social policy, and cannot be maintained when a large section of the profession feels that it no longer needs defensive measures. When that time has arrived the Association can only be kept together by mutual recognition of the local right of each Division to take such action as it feels best suited to its needs without prejudice to the right of any other to act differently. That time seems now to have arrived. The insurance authorities have defined the range of work asked for, and have made an estimate of the approximate cost of this work which differs widely from the original estimate. The new estimate is regarded by many

members of the profession as so far reasonable that, though it does not reach the estimate—also reasonable—made by the Association, acceptance of the new terms would be preferable to facing the competition of a salaried service. To this view public opinion, as evidenced by the bulk of the press, gives its approval.

We must accept the present position as being in its main lines that on which the profession must give its final decision. Adjustment in detail is inevitable, but the general outline of the conditions of work and the financial estimate must be either accepted or rejected now. The alternative to acceptance is the offer to the profession in each locality to form a panel, or ultimately the competition of a salaried service. In these circumstances it is certain that in many areas the formation of panels will be considered preferable to the competition of a salaried service, and that the invitation will be accepted. The Association has no machinery by which such areas can be coerced, and so long as the freedom of those areas which do not fear defection or the competition of the salaried service is conserved, any attempt at coercion would be futile. The only safety for the Association lies in full recognition of the fact that each Division is constitutionally an autonomous unit entitled to regulate the conditions of professional employment in its own area.

One other point must be referred to. The campaign of the Association has put obedience to its recommendations in competition with the interest which many of us feel as citizens in the social purposes of the Insurance Act. On that recommendation we have withheld our co-operation in the administrative work of the system. In the new position created by the issue of the Regulations and the Chancellor's statement this sacrifice is no longer warranted, and, so far as I am personally concerned, I would rather abandon the administrative responsibilities with which for eighteen years the Association has entrusted me than postpone further duties which I recognize as a citizen.

Dr. BERTRAM W. BOND (Godalming) writes: The letter of Dr. Lauriston E. Shaw in your issue of November 9th, pleading for unity of the profession in making an abject surrender is curious reading, since it is written by a member of the Council elected to lead and fight our battles in this professional crisis.

The rank and file of the profession have hitherto supported the British Medical Association nobly. Pledges and undertakings have been freely given, in some cases even to signing away almost the whole of one's small income. Implicit trust has been given to the leaders, and when the strong letter of February 29th was sent to the Commissioners, including such terms as "in plain and unmistakable language," "minimum demands," and, again, "irreducible minimum demanded," the members felt that the battle was going strong, and that the profession was at any rate strongly entrenched, and ready to stand a siege.

The Council's report of November 2nd came as a thunderbolt. Are we on the eve of a medical Majuba? It seems incredible, if Dr. Shaw's letter did not emphasize it, that the Council are about to gulp down their minimum demands, cast aside their seven cardinal points, and tamely surrender the profession to a condition of slavery.

And why this sudden change of front? Is it because they have been deceived by the shameful bit of bluff of the Chancellor into thinking that his later offer is an improvement on the first?

Is our splendid Association to be maintained and strengthened by the weak policy of capitulation, as suggested by our leaders? There is nothing more likely to break up the British Medical Association than Dr. Shaw's letter.

The rank and file expect to be led against the foe by strong leaders, confident in the righteousness of their cause, and are willing to put up with all the trials of a hard campaign to fight for the honour and liberty of the profession. Dr. Shaw suggests that we should run away but remain united, so as to fight another day. If this is the policy of all our leaders, then, indeed, the British Medical Association is doomed to a split, which will not be patched up a second time.

## PROPOSED PLEBISCITE.

Dr. WILSON TYSON (Lowestoft) writes: It appears to be necessary to look back at the terms of the original "undertaking" which has been signed by over 25,000 members of the profession: in the terms of this undertaking appears the following:

I will not enter into any agreement for giving medical attendance and treatment to persons insured under the bill, excepting such as shall be satisfactory to the medical profession and in accordance with the declared policy of the British Medical Association.

The declared policy of the Association was to insist on the six cardinal points, or to have nothing to do with the working of the Act. This latest offer of Mr. Lloyd George does not give us one of our six points, unless so hedged around with impossible conditions as to be absolutely worthless; therefore, to be consistent, the Council should advise men to have nothing to do with this latest offer.

In pursuance of this policy men have been asked to take the risk of resigning their clubs, and have nobly responded. This has offended the friendly society officials, and "Brother" Bailey has shown his teeth a little prematurely, and has given us a timely warning of what we may expect if we should ever fall into the hands of local Insurance Committees composed of a majority of members who are directly or indirectly connected with friendly societies.

It could easily be ascertained by a sort of referendum if men are still prepared to adhere to the original six points in the light of this latest offer, and if they will reaffirm the undertaking, then it is the duty of the Council of the Association to advise the profession to resist to the very last ditch. The Association can then whole-heartedly concentrate its energies on the working of a Public Medical Service, and if it is thought advisable the Ledward modification would give us a much better life than service under the present Regulations of the Commissioners.

Dr. F. A. L. BURGESS (Birmingham) writes: At this critical crisis in the history of the profession the full opinion of the profession should be known. I am willing to abide loyally by the majority, but under the present method of instructing our Representatives I am not at all satisfied we are getting the opinion of the majority. At the Birmingham meeting Instruction B was carried by 3 to 2 in a meeting of just under 200. I am informed that there are 500 members of the Association in this Division, so here, in a large centre like Birmingham, we have no less than 300 not voting at all. I believe, if the Representative Meeting and the Council fail to agree it is possible by the Regulations of the Association to take a postal vote of the whole of the members. Surely, Sir, this is the time for taking such a vote. Whether the Representative Meeting on November 19th and 20th decides on Instruction A or B I maintain before the final decision is arrived at it is the duty of the Association to take a postal vote of all its members.

Dr. B. W. HOGARTH (Morecambe) writes: At our Divisional meeting on November 12th we duly voted not to accept service under the Act, not to negotiate, and to insist upon the cardinal points. I think it most unfortunate that we had not more scope for our resolutions. The fight for some time now has been waged on one cardinal point only, although, of course, all are insisted on. The Chancellor, the public, and the press, and, I am sure, a great many of our own members, think that this cardinal point is the main one—that is, adequate remuneration defined by a Representative Meeting as 8s. 6d. a head with certain extras.

Now, I should have liked the Divisions to have expressed an opinion as to whether the present financial offer should be accepted if the other conditions were made acceptable. Of course the financial part cannot be completely divorced from the question of what we are expected to do for it. Still I think that we might have indicated to the Chancellor that we would require him to find no more money provided the conditions of employment were otherwise agreeable, and make this a basis of negotiation. As it is, we bluntly refuse to work the Act, without showing in any way how near or how far we are from a settlement. We can hardly go on saying, "We have laid down our minimum demands. You know them, and until you are prepared to concede all in their entirety we have nothing to negotiate about."

Whatever it is with us, with the Chancellor it is mainly a question of money; and if we could only say to him, "We shall require you to find no more money," I feel pretty sure he would soon find a way to an agreement.

I would, of course, stand out for all we have demanded to the last and smallest item, if I were certain that our organization was welded so firmly that it would stand the strain that this would put upon it. But I fancy that if a ballot were taken of all the members, a large number—perhaps not a majority, but still a large number—would regard the financial offer as satisfactory, especially if they were given the whole of the 9s. and allowed to do their own dispensing, finding their own drugs.

## DUTIES OF LOCAL MEDICAL COMMITTEES.

Dr. GEORGE PARKER (Bristol) writes: It seems to me that many of the difficulties between the Chancellor and ourselves might be lessened if he saw his way to grant to the local Medical Committees an equitable power of bargaining with the Insurance Committees. In other words, if in matters respecting the purchase of medical services, no arrangement could be made by the Insurance Committee before it had come to an agreement with the local Medical Committee, reasonable settlements would be made in most cases.

It would be so much to the interest of both sides to come to an agreement that they would rarely fail to do so. Occasionally an arbitrator might be appealed to, but it would be the exception. We do not want to control all the work of the Insurance Committee, much of it does not concern us, but where we are arranging to sell our services, there we need to be in a position of perfect equality if we are to make a fair deal. This equality is granted to the other bodies with whom the Insurance Committee treats—namely, the approved societies and the county councils. It is therefore directed to enter into "agreements" or make "arrangements" with each of them, but only to "consult" the Medical Committee, which is a powerless dummy, *vox et praeterea nihil*. No such plan would give us the advantage of central negotiations, but if local bargaining is to take place, it can only be satisfactory if this equality is first obtained.

Dr. W. G. DICKINSON (Portishead) writes: The third alternative proposed by Dr. Beaton and defeated in the Council would appeal to many who are by no means enamoured of the latest provisions for medical benefit outlined by the Chancellor. It is clear that as regards finance this is the last offer of the Government, and we must either take it or leave it. The main objection of the profession is clearly now to the conditions of service, and on this point there is room for material concessions which would not cost the Chancellor a penny. I should strongly urge the strengthening of the "duties and powers" of the local Medical Committees enumerated in Section 81 of the Council's report. At present these are merely consultative, whereas these committees should have the entire settlement and control of all matters concerning the local profession, including income limit, mileage, method and rate of remuneration, and the granting to practitioners of the right to dispense their own medicines. The Chancellor refused to settle most of these matters centrally; he must agree now to their being settled locally, and by those most nearly concerned, or see his Act fall to pieces. No one knows better than Mr. Lloyd George that a National Medical Service would prove a miserable fiasco.

## THE CIRCULAR OF THE REMAINING MEDICAL MEMBERS OF THE ADVISORY COMMITTEE.

Dr. A. W. HARVEY (Winkleigh, N. Devon) writes: A letter marked "Urgent," and purporting to come "From the medical members of the Advisory Committee (Insurance Act)," has reached me, offering advice as to my attitude with regard to the Act.

Without going into the points raised in this communication, I should like to protest in the strongest possible manner against an attempt to sow dissension in the ranks of the Association at a time when of all things unity is essential to success. That seventeen prominent medical men can be found ready to jeopardize that essential unity "in such a crisis" is sufficiently regrettable, but that these same gentlemen should, in their public capacity, engage in

a private attempt to influence individual opinion is, to my mind, a gross misuse of their position.

I would point out to them that *all* "the facts" are before the British Medical Association, and are receiving the "anxious consideration" of that body—a body fully as capable of "calm and deliberate" thought as the "medical members of the Advisory Committee" can be.

**ATTENDANCE AT THE REPRESENTATIVE MEETING.**

Dr. T. CUMING ASKIN, Representative of the South Suffolk Division, in view of the great gravity of the issues involved, appeals to all Representatives to consider it a paramount duty to remain until the close of the Representative Meeting next week. Though the meeting is summoned for November 19th and 20th he does not think it certain that it will conclude on the second day.

**Association Notices.**

**ELECTION OF CENTRAL COUNCIL, 1912-1913.**

NOTICE is hereby given that nominations for a candidate for the election as a Member of Council, vice Dr. Pope, deceased, by the East York and North Lincoln and Midland Branches for the year 1912-13, must be forwarded to reach the Financial Secretary and Business Manager, at the Office of the Association, not later than Saturday, November 30th, 1912. Each nomination must be on the prescribed form, copies of which will be furnished by the Financial Secretary and Business Manager upon application.

Separate forms have been prepared :

- (A) For a nomination by a Division, and
- (B) For a nomination by any three Members of a Branch respectively.

Those applying are requested to state for which purpose the form is desired.

An announcement of the Nominations received will be made in the JOURNAL of December 7th, 1912.

Election will be by voting papers. These papers will contain the names of all duly nominated candidates, and will be issued from the Central Office on Saturday, December 21st, and will be returnable not later than Saturday, December 28th.

The result of the election of a member to the Central Council will be published in the JOURNAL of January 4th, 1913.

*By Order of the Council,*  
GUY ELLISTON,  
*Financial Secretary and Business Manager.*

November 16th, 1912.

**BRANCH AND DIVISION MEETINGS TO BE HELD.**

**GLOUCESTERSHIRE BRANCH.**—The first meeting of the Branch will be held at the Royal Infirmary, Gloucester, on Thursday, November 21st, at 7 p.m. Agenda:—(1) Minutes of last meeting. (2) Election of two Representatives for Representative Meetings, 1913-14. (3) Dr. R. Macartney's Presidential Address: Some Incidents in a Thirty Years' Experience of Contract Practice. There will be a dinner at the Wellington Hotel, at 9 p.m. Tickets 3s. 6d. each, exclusive of wine.—D. E. FINLAY, Honorary Secretary.

**EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.**—The annual dinner of the Division will take place in the Douglas Hotel, Galashiels, on the evening of Friday, December 6th, at 6.30 o'clock. Chairman, Dr. Muir. Tickets, 5s.—M. J. OLIVER, Honorary Secretary, St. Boswells.

**SOUTHERN BRANCH.**—A special meeting of this Branch will be held at the South-Western Hotel, Southampton, on Wednesday, November 27th, at 3 p.m., the business of which will be to adopt (on the recommendation of the Branch Council) the Model Ethical Rules of the Association. Members are referred to the SUPPLEMENT of the JOURNAL of September 21st, also to the note of corrections on p. 350 of the SUPPLEMENT of September 28th. After the transaction of the above business the meeting will resolve itself into the half-yearly general meeting of the Branch, when papers will be read and cases of clinical interest, microscopical specimens, etc., will be shown. To facilitate the preparation of the agenda it is requested that members who desire to read papers or show cases, etc., will communicate early with the Honorary Secretary, JAMES GREEN, Brandon House, Mile End, Portsmouth.

**Vacancies and Appointments.**

**VACANCIES.**

**WARNING NOTICE.**—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

- BODMIN; CORNWALL COUNTY ASYLUM.**—Third Assistant Medical Officer and Pathologist. Salary, £150 per annum.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—Resident Medical Officer. Salary, £130 per annum.
- CANCER HOSPITAL, Fulham Road, S.W.**—House-Surgeon. Salary at the rate of £70 per annum.
- CARDIFF: KING EDWARD VII'S HOSPITAL.**—Senior Resident Medical Officer. Salary, £120 per annum.
- CARMARTHENSHIRE INFIRMARY.**—Resident Medical Officer. Salary, £100 per annum.
- CENTRAL LONDON SICK ASYLUM DISTRICT.**—Assistant Medical Officer at the Hendon Asylum. Salary, £120 per annum, rising to £150.
- CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.**—Registrars.
- COVENTRY EDUCATION COMMITTEE.**—Assistant School Medical Officer. Salary, £300 per annum, rising to £350.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.**—Physician to Out-patients.
- HALIFAX: ROYAL HALIFAX INFIRMARY.**—Third House-Surgeon (Male). Salary, £80 per annum.
- HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL.**—Pathologist. Salary, £100 per annum.
- HASTINGS: EAST SUSSEX HOSPITAL.**—Assistant House-Surgeon. Salary, £70 per annum.
- KING EDWARD VII WELSH NATIONAL MEMORIAL.**—Tuberculosis Physician. Salary, £400 per annum, rising to £500.
- KING'S COLLEGE, W.C.**—Senior Demonstrator and Lecturer in Anatomy.
- KING'S COLLEGE HOSPITAL, W.C.**—Sambrooke Surgical Registrar.
- KINGSTON UNION.**—Junior Assistant Resident Medical Officer at the Infirmary and Workhouse. Salary, £2 10s. per week.
- LEAMINGTON: WARNEFORD, LEAMINGTON AND SOUTH WARWICKSHIRE GENERAL HOSPITAL.**—Honorary Medical Officer.
- LONDON LOCK HOSPITAL.**—Pathologist.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Surgical Registrar. Honorarium at the rate of 40 guineas per annum.
- LONDON UNIVERSITY.**—Examinerships: A. Higher Examinations for Medical Degrees: (1) Four in Medicine; (2) Four in Surgery; (3) Two in Forensic Medicine and Hygiene; (4) Two in State Medicine. B. First Examination and Second Examination. Part I for Medical Degrees—(5) Two in General Biology; (6) Two in Chemistry; (7) Two in Physics. C. Second Examination. Part II for Medical Degrees—(8) Two in Anatomy; (9) Two in Pharmacology; (10) Two in Physiology.
- LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.**—Male Resident House-Surgeon. Salary, £120 per annum.
- MAIDSTONE: KENT COUNTY ASYLUM.**—Male Fourth Assistant Medical Officer. Salary, £200 to £220 per annum.
- MANCHESTER CORPORATION.**—First Assistant Medical Officer at the Monsall Fever Hospital. Salary, £200 per annum.
- MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Hampstead.**—House-Physician. Salary, £75 per annum.
- NEWCASTLE-UPON-TYNE CORPORATION.**—Medical Officer of Health and Medical Superintendent of the City Hospitals for Infectious Diseases. Salary, £700 per annum, increasing to £1,000.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant. Salary, £160 per annum, increasing to £180.
- PRESTON: COUNTY ASYLUM, Whittingham.**—Assistant Medical Officer. Salary, £150 per annum, rising to £250.
- PRESTON ROYAL INFIRMARY.**—(1) Senior House-Surgeon; (2) Junior House-Surgeon. Salary, £80 and £60 per annum respectively.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, W.C.**—Clinical Assistants.
- ST. PETER'S HOSPITAL FOR STONE, Etc., Henrietta Street, W.C.**—Junior House-Surgeon. Salary at the rate of £50 per annum.
- SINGAPORE MUNICIPALITY.**—(1) Bacteriologist. Salary, \$5,160, rising to \$6,000; (2) Second Assistant Health Officer, salary, \$4,200, rising to \$4,800.
- SOMERSET AND BATH ASYLUM, Wells.**—Second Assistant Medical Officer (Male). Salary, £135 per annum, rising to £155.
- STOCKPORT INFIRMARY.**—Junior House-Surgeon (Male). Salary, £80 per annum.
- TOXTETH PARK TOWNSHIP.**—Assistant Resident Male Medical Officer of the Workhouse and Infirmary. Salary, £125 per annum.
- WAKEFIELD GENERAL HOSPITAL.**—Second House-Surgeon. Salary, £100 per annum.
- WEST LONDON HOSPITAL, Hammersmith Road, W.**—House-Physician. Appointment for six months.
- WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho, W.**—Honorary Physician.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—House-Surgeon. Salary at the rate of £80 per annum.
- WORCESTER: COUNTY AND CITY ASYLUM, Powick.**—Junior Assistant Medical Officer. Salary commencing at £160 per annum.
- WREXHAM INFIRMARY.**—Resident Medical Officer. Salary, £120 per annum.
- MEDICAL REFEREE.**—The Home Secretary announces the vacancy of Medical Referee under the Workmen's Compensation Act, 1906 for Birmingham County Court.

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## APPOINTMENTS.

THORBURN, William, F.R.C.S., Medical Referee under the Workmen's Compensation Act, 1906, for County Court Circuit No. 5, and to be attached more particularly to Oldham County Court.

UNIVERSITY COLLEGE HOSPITAL.—The following appointments have been made:

Casualty Surgical Officer: L. S. B. Tasker, M.B., B.S.

Casualty Medical Officers: W. B. Sanders, M.R.C.S., L.R.C.P.; A. Wilson, M.R.C.S., L.R.C.P.

Assistant to Ear and Throat Department: C. Banting, M.D., B.S., F.R.C.S.

House-Physicians: J. W. Tonks, B.A., M.R.C.S., L.R.C.P.; M. M. Khan, M.R.C.S., L.R.C.P.; G. B. King, M.R.C.S., L.R.C.P.

House-Surgeons: R. H. Liscombe, M.R.C.S., L.R.C.P.; T. C. Graves, M.B., B.S., B.Sc., M.R.C.S., L.R.C.P.

Obstetric Assistant: G. W. Johnson, M.A., M.B., B.Ch.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Orders or Stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

## BIRTH.

SLADE.—On November 7th, at Chernocke House, Fleet, Hants, the wife of John Godfrey Slade, M.A., M.D., B.C.Cantab., etc., of a son.

## MARRIAGES.

GILCHRIST—MARKS.—On November 7th, at St. Mary's, Primrose Hill, N.W., by the Rev. T. W. Wright, James C. Gilchrist, M.D., Cardiff, eldest son of the late Dr. Gilchrist, late of the Crichton Royal Institution, Dumfries, to Emmeline, younger daughter of the late Alfred Marks, Esq., formerly London manager of the London City and Midland Bank, Ltd., and Mrs. Marks, Adelaide Road, Hampstead.

ILOTT—SATTERTHWAITE.—On October 12th, at the Parish Church, Bromley, Kent, Cyril H. T. Ilott, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., only son of H. J. Ilott, Esq., M.D., of Bromley, to Lucy Annette, elder daughter of Colonel E. Satterthwaite, C.B., and Mrs. Satterthwaite, of Bromley, Kent.

## DIARY FOR THE WEEK.

## TUESDAY.

CHELSEA CLINICAL SOCIETY, Club Room, St. George's Hospital Medical School, 8.30 p.m.—Papers:—Dr. Leonard Colebrook: Pneumothorax Treatment of Phthisis (with exhibition of x-ray charts and apparatus). Dr. David Walsh: Diseases of the Skin in relation to Cardiovascular Disturbances.

LONDON DERMATOLOGICAL SOCIETY, St. John's Hospital, 49, Leicester Square, W.C.—Agenda: 4.30 p.m., Cases and Specimens. 5.15 p.m., Discussion on Anomalies of Pigmentation, to be opened by the President, followed by Dr. J. L. Bunch (Etiology), Dr. W. Griffith (Pathology), and Dr. W. Knowsley Sibley (Treatment).

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W., 5 p.m.—Third FitzPatrick Lecture by Dr. Raymond E. P. Crawford; Echoes of Pestilence in Literature and Art.

## ROYAL SOCIETY OF MEDICINE:

SECTION OF PATHOLOGY, 1, Wimpole Street, W., 8.30 p.m.—Dr. H. Charlton Bastian, F.R.S.: Remarks on Further Experiments concerning the Origin of Life. Dr. W. S. Lazarus Barlow: Effect of Radium on Muscle Nerve Preparations. Mr. J. E. R. McDonagh and Dr. B. G. Klein: Some Points concerning the Vaccine Treatment of Gonorrhoea and Regulation thereof by the Complement-Fixation Test.

SECTION OF SURGERY, 1, Wimpole Street, W., 5.30 p.m.—Resumed Discussion on Sarcomata and Myelomata of the Long Bones.

SECTION OF THERAPEUTICS AND PHARMACOLOGY, 1, Wimpole Street, W., 4.30 p.m.—Dr. A. E. Boycott and Dr. J. F. Ryffel: The Excretion of Chlorides in Normal and Nephritic Rabbits. Dr. Douglas Cow: The Action of some Diuretics. Dr. R. G. Markham: The Absorption of Arsenic from the Skin.

## WEDNESDAY.

## ROYAL SOCIETY OF MEDICINE:

SECTION OF THE HISTORY OF MEDICINE, 1, Wimpole Street, W., 5 p.m.—(1) Election of Officers and Council. (2) Papers:—Sir William Osler, Bart., F.R.S.: A Down Survey Manuscript of Sir William Petty. Dr. Raymond Crawford: Contributions from the History of Medicine to the Problem of the Transmission of Typhus. Mr. D'Arcy Power: A Note on Two Medical Portraits of the Sixteenth and Seventeenth Centuries. Dr. Michael Foster: Exhibition of Two Italian Diplomas of the Seventeenth Century. An exhibition of pictures showing the evolution of the microscope will be on view.

## THURSDAY.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Papers:—Dr. A. M. Gossage: Heredity. Mr. W. H. Clayton Greene: Some Bacterial Infections of the Urinary Tract.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W., 5 p.m.—Horace Dobell Lecture by Dr. Charles J. Martin: Insect Porters of Bacterial Infection.

## ROYAL SOCIETY OF MEDICINE:

SECTION OF DERMATOLOGY, 1, Wimpole Street, W., 5 p.m.—Cases and Specimens. 8.30 p.m.—Discussion on Erythema Multiforme; to be opened by Dr. H. G. Adamson.

SECTION OF NEUROLOGY, 1, Wimpole Street, W., 8 p.m.—Clinical Meeting.

## FRIDAY.

## ROYAL SOCIETY OF MEDICINE:

SECTION OF EPIDEMIOLOGY, 1, Wimpole Street, W., 8.30 p.m.—Papers:—Dr. R. J. Ewart: The Influence of Parental and Grandparental Age on the Susceptibility of Offspring to the Zymotic Diseases. Dr. F. G. Crookshank: Note on some Recent Theories of Tuberculosis and their Possible Significance.

SECTION FOR THE STUDY OF DISEASE IN CHILDREN, 1, Wimpole Street, W., 4.30 p.m.—(1) Cases and Specimens. (2) Paper:—Dr. Leonard Guthrie: Epidemic Catarrhal Jaundice.

## DIARY OF THE ASSOCIATION.

Date.	Meetings to be Held.	Date.	Meetings to be Held.
NOVEMBER.		DECEMBER.	
15 Fri.	West Somerset Branch, Taunton and Somerset Hospital, 3.30 p.m.	6 Fri.	Hampstead Division, Finchley Road, 8.15 p.m. South-Eastern Counties Division (Edinburgh Branch), Annual Dinner, Galashiels, 6.30 p.m.
19 Tues.	London: <b>Special Representative Meeting, 10 a.m.</b> , Connaught Rooms, Great Queen Street, W.C.	10 Tues.	London: Metropolitan Counties Branch Council, 4 p.m.
20 Wed.	London: <b>Special Representative Meeting</b> , Connaught Rooms, Great Queen Street, W.C. Richmond Division, Richmond, 8.30 p.m.	12 Thur.	Birmingham Branch, Medical Institute, 3.30 p.m. South-West Essex Division, Walthamstow Hospital, 4 p.m.
21 Thur.	Gloucestershire Branch, Gloucester, 7 p.m.; Dinner, 9 p.m. South Middlesex Division, Twickenham, 8.30 p.m.	18 Wed.	Richmond Division, Richmond, 8.30 p.m. South Middlesex Division, Twickenham, 8.30 p.m.
27 Wed.	Southern Branch, Southampton, 3 p.m.	JANUARY, 1913.	
28 Thur.	South-West Essex Division, Livingstone College, 4 p.m.	9 Thur.	Birmingham Branch, Medical Institute, 3.30 p.m.
29 Fri.	Birmingham Branch, Pathological and Clinical Section, Medical Institute, 8 p.m.	14 Tues.	London: Metropolitan Counties Branch, 4 p.m.
		17 Fri.	Hampstead Division, Finchley Road, 8.15 p.m.