work—can only be secured by common action, and I have no hesitation in assuring Dr. Gough that I answer my own question in the affirmative, and that if the decision of the Association or the profession should, in my opinion, be unwise, I should use my endeavours to get it revised within the Association itself.—I am, etc.,

Dundee, Nov. 12th. R. C. BUIST.

STATE SICKNESS AND INVALIDITY INSURANCE.

SIR,—I am entirely at one with Dr. J. H. Taylor in his letter in the BRITISH MEDICAL JOURNAL, November 12th, 1910, in regretting any tendency towards "dividing the Association into two hostile camps on the question of payment of fees under State sickness insurance." It would, of course, be infinitely preferable for us all to be united, at least on fundamental points, before we officially approach, or are approached by, the Government, and I would most strongly urge that every effort should be made to arrive at agreement by a calm and candid discussion of all aspects of the subject.

It cannot be expected, however, that the general practitioners of this country can regard with absolute indifference the prospect of their probable extinction in the near future, as may happen if some of the schemes which have been proposed should be adopted by the Government.

Personally, I am sorry the Gateshead Division has made a somewhat hasty decision, but I am not at all surprised, and I feel only too sure other Divisions, as well as many individual members, will quickly follow suit unless the Association takes immediate steps to ascertain the views of its members, and to frame its policy and action upon those views. I have very little doubt that when the issue of "payment per attendance versus payment per head" is put to the general practitioners of this country, there will be an overwhelming majority in favour of "payment per attendance"—that is, for work actually done—and against "payment per head"—that is, contracting for an unlimited amount of attendance for a fixed and limited fee per annum.

In my opinion the issue is a vital one, because it means that if we accept the latter method of "payment per head," we are taking upon our own shoulders the whole risks of the insurance. It would be we individually who would have to bear the brunt of all exceptional claims.

Now the whole basis of insurance is the principle of distributing the risks over so large a field that the exceptional elements can be practically disregarded, but to ask each individual practitioner to undertake the risks of insurance for his relatively small *clientèle* is to offer him a veritable gamble; he may, of course, have a number of clients who would not require his services, but if he is a successful practitioner it is more than likely that the demand upon his time and services would be above the average—and yet his pay would not necessarily be proportionate.

If the Government intend to introduce a system of State insurance for sickness and invalidity, to include medical attendance, they have no right to expect or to ask the medical profession to undertake the risks as well as to do the work, and we shall be very foolish if we allow ourselves to be trapped into doing so.

To take a concrete case—an extreme one no doubt, but by no means an impossible one—suppose a workman's insurance contributions have been paid regularly to Dr. A. for ten years but the doctor's services have never been required. Two days before the end of the year, when a fresh choice of doctor is allowed, the workman is attacked by pneumonia. Dr. A. is sent for but does not, for some reason, give satisfaction to the patient or his family. The day when a change can be made arrives, and Dr. B. is promptly sent for. The case proves a very severe and protracted one; Dr. B. attends perhaps half a dozen times a day for a week or two, and does his best to pull the patient round, but the man dies. How is Dr. B. to be remunerated under the capitation system? Or, again, the patient, instead of dying at once, develops phthisis, and Dr. B. is let in for almost daily attendance for the next twelve months. Can Dr. B. feel that his work is being fairly remunerated when he learns that Dr. A. has been receiving this man's contributions for ten years or more, and has done nothing in return; whilst he (Dr. B.) has to be content for all his arduous service with a nominal payment per annum? It will take a good many non-sick payers on his list to make up to him for this.

It has been said that there can be no objection to payment per head provided the payment be adequate—that is, so as to allow of a reasonable fee per visit—and that it is a simple matter of actuarial calculation to say what the fair capitation fee should be. This is, I fear, begging the whole question. It would only be possible to fix a fair capitation fee when the incidence of sickness is fully known. There are no data at present for ascertaining this, and it is practically certain that the capitation fee offered by any Government would *not* be adequate. Again, as I have pointed out, even if a fair average fee could conceivably be arrived at for the whole country, it is pure chance, under the capitation system, whether any individual practitioner gets his fair share of actual earnings; indeed, it is practically certain that the busy and conscientious practitioner would be penalized and underpaid, whilst the shirker, who went about it in a diplomatic way, would draw more than his just share of fees.

The possible abuses of the contract system are, indeed, only too many and too well known to need reiteration, and the general experience of the profession both here and abroad is strongly opposed to its continuance.

Dr. Taylor says, let us try first for "payment per attendance, as most likely to give the most efficient medical service, satisfactory both to the public and the profession." Failing this, he suggests "we should accept payment per head from the insurance department under the Provident Medical Service scheme drafted by the Special Poor Law Committee." Now this seems to me tantamount to saying, when we have a case of diphtheria to treat, "we know antitoxin is by far the most efficient treatment, and most satisfactory both to the patient and ourselves," but if it be objected by the parents or guardians that antitoxin is "too ideal," or "too expensive," we will meekly "consent to treat our patients on the old lines," that is, without antitoxin. If we are not allowed to treat our patients in the way we think best we should decline to attend, and similarly if the Government does not allow us to treat our patients under State sickness insurance in the most efficient manner we must decline to attend them, in the patient's interests quite as much as in our own.

The Provident Medical Service scheme drafted by the Special Poor Law Committee was originally intended to deal with cheap club practice—that is, to remove some of its more obnoxious features; but even with these amendments the scheme is still essentially club practice, its object being to obtain medical men's services at the cheapest possible rate, by contracting for a limited and fixed fee for a practically unlimited liability for sick attendance. It is this unlimited and quite incalculable amount of attendance to which we should be committing ourselves that makes the bargain so unfair to the individual practitioners. If our work is to be adequately remunerated, there is no need for such a provident scheme. If, however, the Government seek to exploit us by offering us less than a just and proper reward for our services, and also to thrust on our shoulders all the insurance risks, then I say *they* are not giving the workers of this country State sickness insurance, but they are wringing it from the already overwrought and overburdened medical practitioners, upon whose shoulders the chief cost would inevitably fall.

To allow for one moment that we shall be willing to accept contract practice, *on any terms*, is to give our whole case away. To say "that the Government will never agree to payment for work done," and therefore we shall have to accept contract work, is to deny our right to have any voice in the disposal of our services. Surely if we are to do the work we should be consulted as to the terms upon which we will act; and we have a right to ask that our remuneration should bear a very definite relation to our exertions. We should therefore use all efforts to secure payment for work done at a just and reasonable fee per attendance (as is now charged in private practice), and resist by every means in our power the imposition of an unfair and inequitable contract system, if necessary declining to act under such a system.—I am, etc.,

Bowdon, Nov. 12th. P. R. COOPER.

SIR,—So much misconception appears to prevail as to the aims of those of us who object to clubs, provident societies, and all "schemes" for attendance on the State

beneficiaries, that I crave space to introduce to your readers the simile of fire insurance, to which medical attendance insurance is closely analogous.

The present method of fire insurance companies is regarded as fairly satisfactory both by the insured and by tradesmen in general, and we objectors to contract think that medical attendance insurance should be run on the same lines. These lines are that the insurance company bears the risk of loss by fire, and the tradesmen make good the loss at market price. Fire insurance, if run on the lines of a provident medical service, would turn out thus: The fire company receives a premium and guarantees against loss by fire; it then hands this premium over to a builder, and says: "Now if this house is burnt down you must replace it."

This is exactly what is done to-day by the friendly societies in regard to medical attendance risk, and what is proposed to be done by the British Medical Association to-morrow. Only, the Association says: The friendly societies had no interest in exacting from the insurers an adequate premium (capitation grant), as they could force the doctors to take an inadequate one, but we, the Association, will take an interest in getting an adequate premium for the sake of our members, and this is "the great and fundamental difference that places the two systems in totally different categories." *En passant*, one may observe that the Association does not explain how it is going to get a bigger (adequate) premium while the friendly societies are accepting a lower (inadequate) one. But *does* it place these systems in different categories? We abolitionists say No. Let us follow the lines of fire insurance, which guarantees replacement of goods destroyed by fire, holds itself responsible for the damage, and repairs that damage *when it occurs* by either paying in cash direct to the insured, or paying the bill of the tradesman who replaces the goods. Why with medical attendance should any other course be followed? Why should the State, for example, ask us medical men to underwrite the insurance risk it proposes to accept for the premiums of its beneficiaries? This is the point on which we differ from Dr. Buist and the majority of our representatives at the annual meeting. I had thought that we differed from Dr. Greenwood also, but in the Journal of November 12th he makes it evident that he had misconceived the position of these "medical reformers who publish impossible schemes." We have no "special scheme of medical attendance" in the sense he means. Our "scheme" is a proposal that when the State buys a thing it should pay for it in the ordinary way in current coin. The State is the insurance company guaranteeing medical attendance to its beneficiaries; it may either pay the insured sufficient during sickness to enable him to pay the doctor he calls in (this Dr. Greenwood says he would approve of) or give the insured the services he requires, paying these services itself (like many insurance companies, which will give their insured a new carpet in place of one destroyed, but not the *price* of the carpet). This action of insurance companies is a quite usual and, I think, reasonable one, and I cannot see why Dr. Greenwood should object to the State's imitating it in the more important matter of medical attendance. The fire company has no patriotic or humanitarian interest in seeing that the man whose house is burned down spends his insurance money in building another; the State has a direct interest in seeing that the sick man does spend his insurance money on the object for which it is furnished, in order to get well as quickly as possible.

How Dr. Greenwood can say that our proposals "would force the poor people to give up their own private doctor or club and make use of the doctor whom the scheme provided," when the scheme provides no doctor and is directed absolutely against the nomination of special doctors, I do not understand. I feel that he is fighting an imagined idea very different from the one we stand for. I cannot too plainly and emphatically say that if our proposals are received by the Association and by the Government, no patient will give up his present medical attendant unless he urgently desires a change; and no medical man will fail to gain in pocket, leisure, and self-respect unless he owes a present competence, not to his merits, capacity, or popularity, but to unfair constraint of his *clientèle*. Personally I believe there are no such men; but it has been reiterated that if the workers were given freedom to choose what doctor each liked, the "works doctor" would have no patients left to him—a scathing commentary on the quality of club practice!

I said, "if these proposals for the restitution of private practice are received by the Association and by the Government." Will the Association be too timid or too lethargic to make a stand? That is really the vital question, for if the Association wants freedom it is the master of the situation. What would not the cotton-spinners or boilermakers give for our unique and impregnable position? They have to contend with starvation whilst out on strike, and with blacklegs at home and abroad; our pay goes on while we are fighting, and we have no blacklegs outside our own profession. Government cannot send to Belgium for a few weeks' medical services while it is fighting our demands.

Let every Division in the country discuss this question at length—every night for a week, if necessary, for it is the most important matter the profession has had to deal with for a century, or will have for another—know its own mind, consolidate with the medical men outside the Association, or, better still, with this bait persuade them to join, and stand firm by the result of the Divisions' voting on the Special Poor Law Reform Committee's report, which will soon come to the Divisions for consideration. In spite of Dr. Gough's suspicions, I believe that our leaders are anxious to fight for whatever the Association is united enough to demand. We demand that our private patients be not interfered with in their relations to us. Let Government confer benefits on them if it likes, but not at the expense of our incomes and personal freedom. By all means give the wage-earner medical attendance, but pay for it in the ordinary way at ordinary fees. This, besides being best for us, is best for the people and best for the science we serve; it will preserve our freedom of practice, keep active that competition our nation so admires, satisfy the State beneficiaries, relieve the congestion of hospital out-patient departments, solve the question of the treatment of school children, and make possible the exaltation of medicine into a profession instead of, as it is fast becoming, a trade.

Further, if we believe that in the interest of medicine and of the nation the continued existence of the general practitioner is preferable to his transformation into an "institution doctor," it is our *duty* to the profession and to the State to urge this course on the Government, even if we think it will not hearken. If Government is determined to make a mess of this business, let it do so without our co-operation or acquiescence.

I do not quite understand Dr. Williams's provisional approval of a system of piecework "if adequate security that the funds would never run short, could be obtained"; how can the funds run short unless the insurance company (the State) "contracts out" of its liability by imposing a capitation scheme on the medical profession? Then, indeed, the funds might run short and the deficit have to be supplied by us unfortunates.

This is one of our arguments for "piecework" as against contract: that the liability is the State's, and contract transfers that liability to us. There is a tendency to gloss over the other arguments against contract, and nullify this one by suggesting that we could, by insisting on a large enough capitation grant, reduce the insurance risk to a vanishing point. Even if this could be done (and I believe it will be found more difficult than to abolish contract altogether), all the intrinsic demerits of club practice remain—the suspicious attitude of patient to doctor, and vice versa, the grievances of overtime and unreasonable hours and additional duties, of being tied for a period, and so on. And why should we worry to tinker at a faulty machine when a really efficient one is waiting to be put in use, if we have the courage to insist on the old one's being scrapped?—I am, etc.,

Bristol, Nov. 12th. HARRY GREY.

THE REFERENDUM.

SIR,—I do not desire to intervene in the correspondence on sickness and invalidity assurance, but I am reading it with much interest. My object in writing just now is to draw attention to the suggestion made by Dr. Ernest Milligan in the Journal of November 12th. He says:

A postal referendum to all members of the medical profession, having a set of questions similar to those proposed by Dr. Fothergill, would give a true idea of the opinions of medical