Two main principles were laid down by the Insurance Acts Committee for the constitution of the travelling or mileage fund:

1. That practitioners were to have extra remuneration for the extra time and money expended in visiting country patients, over and above what is involved in attending patients in towns and is covered by the ordinary capitation fee.
2. That this extra remuneration is under ordinary circumstances to be for patients more than two miles from the practitioner's house.

These two principles have been accepted (in the alarmingly obscure language, it is true, to which all Government officials seem addicted, but I am assured without any *arrière pensée*) in a letter from the Ministry of Health addressed to the Medical Secretary.

It has been agreed that the *distribution* of the mileage fund constituted upon these principles to the different areas should be worked out by a committee consisting of Government officials and members of the Insurance Acts Committee (exactly half of which, happily, are rural practitioners) and presided over by a neutral chairman nominated by the committee—namely, Sir Woodburn Kirby, past president of the Society of Accountants.

As regards the *assessment* of the fund, "so calculated as to take reasonable account both of the time occupied and of the expenditure incurred," to quote the words of the Ministry, it was tacitly assumed that the data in the hands of the Ministry of Health and of the British Medical Association would be placed before this committee in order that an agreement should be come to as to its amount; and though it does not appear upon the formal terms of reference, "the Minister proposes to invite the committee to examine all relevant data and memoranda bearing on the subject, and to give him the benefit of their advice and assistance in the matter."

The sum offered by the Government will be nearly as important to rural practitioners as the capitation fee will be to the profession as a whole. It is true that its non-acceptance by rural practitioners need not involve a general strike—such practitioners might refuse to go on the panel for patients beyond a certain distance only—but the inconvenience which such refusal would cause to the insured public, as well as the trouble which would devolve upon the profession in organizing a medical service on its own terms to meet the needs of these people, would be so great that every effort will be made, I am sure, by both sides to come to an agreement.

As has been long ago pointed out, the data for distribution of the sum agreed upon and for the assessment of this sum are for the most part identical, but one or two preliminary points may be mentioned.

1. As regards assessment, it must not be forgotten that in past discussions the extra hardships and responsibilities of the country doctors as compared with the townsmen have not been denied, but it has been agreed that these should be recognized, not by a difference in the general capitation fee as between the two classes of practitioners, but by allowing a generous travelling fund to the rural doctor.

2. The determination of the money value of the time spent in travelling obviously raises the question of what may be considered to be a reasonable annual income for a professional man working for ordinary hours a week, and this will have to be agreed upon.

3. For assessment, and probably distribution also, it will probably be necessary to divide up the practices throughout the kingdom into certain classes according to their character, such as (1) town practices with country surroundings, (2) country practices in residential districts, (3) village practices in agricultural districts, (4) moorland practices, and perhaps others; the number of each class will have to be estimated, and data collected from a sufficient number of samples to justify conclusions for the whole.

Bearing both assessment and distribution in mind as regards the actual expenses incurred, there are at least four main lines by which the problem of the travelling fund can be approached:

1. The average annual "stable expenses" (to use the old heading) of a practice (outside two miles) can be ascertained and the proportion which attaches to insurance practice determined. This might be decided in at least two ways—by finding (*a*) the proportion which the number of insured persons in a district bears to the general population, or (*b*) the proportion which the insurance fees bear to the gross income of the practice.
2. The cost of travel per mile, whether by motor, horse, or otherwise, might be arrived at, and the distance of each insured person from the practitioner's residence and the average number of visits paid per year being known, an estimate made of the cost per person. This is the unit system adopted by many committees for distributing the old Special Mileage Fund.
3. The average total number of miles travelled per annum for all patients and the average total number of visits paid to all patients in a practice might be ascertained, and the average number of "miles per visit" being thus known, the amount to be paid for for each insured person on the doctor's list could be determined.
4. Sample practices or districts could be marked out on a map, and the sparsity of population, number of miles of good roads, distribution of the villages and population, position of the doctor's residence and other factors being taken into account, practices could be classified according to the general expenses of travel, and each class could be assigned a definite additional capitation fee, or a lump sum per annum to cover expenses.

Each of these methods has advantages, whether of accuracy, practicability, facility, or the saving of book-keeping, and it seems clear that each will have to be explored to some extent if only to check the others. Clearly this is going to take any committee a considerable time, and it is probable that the inquiry may have to be prolonged over this autumn and the final arrangements made retrospective.

It would not be proper to endeavour to anticipate the sum necessary "to take reasonable account both of the time occupied and the expenditure incurred by country doctors"; it will be a large one, much larger, I think, than has been anticipated either by the former Insurance Commissioners or by the Insurance Acts Committee or by the country practitioners themselves who have not kept accurate accounts of their expenditure or gone closely into the figures of their practices. Of one thing I am sure—those of us who have wide practices have been accepting distant patients at a dead loss from the very commencement of the Act, and by postponing a resettlement till the end of the war have been consciously or unconsciously taxing ourselves for the benefit of the community to a very considerable extent.

Would it be too much to ask the Government to cancel the doles they have granted towards insurance practice expenses for 1919 and to make any arrangement come to as to the travelling fund applicable to this the first year of peace?—I am, etc.,

Weyhill, Hants, Sept. 9th. J. P. WILLIAMS-FREEMAN.

FLAT-FOOT.

SIR,—Lieut.-Colonel Henry Smith tells us, in the JOURNAL of September 13th, that the leg muscles "are merely intended by Nature to move the ankle-joints and the joints of the tarsus"; and that "the cause of the evil in flat-foot is to be found in the skeleton." Thirty years ago I wrote, as a motto for the title-page of my book, *The Human Foot*:—"Muscles, in effecting the functions, support the structure and influence the form." Ever since I have been insisting that muscular action forms the plantar arch and will restore it when destroyed. Will some one who speaks with authority tell us what is the teaching of surgical science?—I am, etc.,

Gloucester, Sept. 14th. T. S. ELLIS.

EARLY MENTAL HOMES.

SIR,—It was recently stated, in answer to a question in the House of Commons, that the provision of convalescent homes for early uncertifiable mental cases (without detention and on a purely hospital basis) would be a matter coming within the province of the new health authority. It is admitted that such homes or sanatoriums would be a great boon in intercepting cases (especially those occurring among ex-soldiers) which would otherwise be relegated to asylums.

The Lunacy Board (see its annual reports) has long desired the institution of "reception houses" under its wing, where early cases could be detained, say, for six months without certification—that is, without any judicial investigation or appeal, but solely on one medical authority—a proposal which might evidently lend itself to serious abuse.