

out the requirements of the Building Act Amendment Act energetically and promptly. It is not for me to go into the reason why the County Council should apparently have been so adverse to allowing its officers to carry out their obvious duties, but the fact remains that, indirectly, the responsibility for lives lost in such buildings as the Barker establishment must fall on the shoulders of the authorities rather than the building-owners, who, owing to the Council's known apathy, practically consider the Amendment Act of 1905 a dead letter. Thus the short reply to the coroner's question is that quite an enormous number of buildings in the metropolis are in the same condition as the one which was under review at the inquest—that but very few negotiations are going on as to remedying this state of affairs, and that quite 50,000 buildings are waiting for the necessary alterations to be made.

It is to be hoped that the Barker fire will awaken the London County Council to its duties in this particular matter. With the necessary staff and facilities and with the diligence which the County Council occasionally applies to other departments of its work, the outstanding 50,000 buildings should be put in proper order within the next five years.

I am, Sir, yours faithfully,

EDWIN O. SACHS,

British Fire Prevention Committee's Offices,
8, Waterloo-place, Pall Mall, S.W.,
Nov. 25th, 1912.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—In my article in THE LANCET of Nov. 23rd, p. 1420, the footnote to Table I., "While the rates prevailed the patient was sitting," should read, "While these rates were observed, the patient was sitting."

I am, Sir, yours faithfully.

Queen Anne-street, W. Nov. 25th, 1912. THOMAS LEWIS.

THE MEDICAL PROFESSION AND THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—Some of my professional brethren have communicated with me regarding the statement made by the chairman of the Scottish Insurance Commissioners to the effect that sufficient doctors would be found in Scotland to work the Act whether approaching negotiations were successful or not, and have asked what basis there is for the statement. As the question has been widely asked, I should be obliged if you can favour me with space to deal with it.

In the first place, it is to be noted that the chairman's statement was so guarded that it might have been left unsaid had there been no desire on the speaker's part to influence the more timid amongst the doctors. The accuracy of his forecast was conditional on his information being reliable, and he is not confident on that point. His information, such as it is, can have come only from persons who have been regarded by the profession as disloyal. With them the wish is probably father to the thought. Apart, however, from the character of the chairman's channels of information, there is his opinion that the number will be "sufficient." This is a very vague assertion, for what might be regarded as "sufficient" by the chairman might not be so regarded by the general public who are entitled to receive medical benefit under the Act and to have a reasonable choice of doctor.

But the question can be reduced to figures. There are, roughly, 4000 doctors in Scotland, which gives 1 doctor to about every 1200 of the entire population. In the same proportion the 1,500,000 insured persons will require 1250 doctors. It may be that 1250 Scottish doctors will break away from their solemn pledges because they think they are to get 7s. per head for every insured person put on their visiting list by the Local Insurance Committee. I still, however, hold to a higher estimate of my brethren, and when it is realised that the 7s. is a myth, even those who are most desirous to accept the Chancellor's terms may reconsider their position. I certainly have no information that would lead me to believe that a third of the doctors in Scotland are prepared to accept the Regulations recently

issued because an additional 2s. has been promised by the Treasury on conditions, one of which is that the Commissioners are to see that proper time and attention are given by the doctor to the insured persons. Think of the Commissioners as having the determining voice in such arrangements for Scotland! As for the Treasury grant, it is not in the Act; it would have to be budgeted for annually, and a vote in the Commons would annul it any year, and the extra 2s. would disappear.

If our brethren in populous and poor localities are really led away by the promise of 7s., they must be a source of increasing amazement to the astute Chancellor, and of despair to many of their own best friends. To begin with, the 6d. from the sanatorium benefit money may be regarded as already gone, for the Local Insurance Committees are up in arms about it, and the chairman of the Commission seems to have accepted the view that Mr. Lloyd George's words were merely a suggestion. This brings the sum down to 6s. 6d. This 6s. 6d. is available for paying the doctors for medical attendance, for night and emergency calls, for setting fractures, reducing dislocations, administering anæsthetics and many other services, and for mileage. The Chancellor never suggested that the doctors in populous centres, with thousands of insured persons within half a mile, were to get 6s. 6d. per head; he, indeed, definitely indicated that the distribution of the available money was a difficult matter.

With regard to distribution and leaving out of account other extras, take mileage alone—for the country doctor cannot look at any proposal which does not allow for mileage—there are, roughly, 3000 country doctors in Scotland, for even excluding Edinburgh, Glasgow, Dundee, and Aberdeen, every town doctor has a fringe of country practice. If 1s. only is taken off for mileage from the 6s. 6d. it will only allow on an average £25 per annum to each country doctor for travelling expenses. This sum, which is quite inadequate, reduces the capitation allowance to 5s. 6d. Further, is the country doctor to get no special payment for a night visit 10 miles away, and to be treated as the Dundee doctor, let us say, who pays a night visit in the next street?

When the question of distribution arises the doctors in populous places will find that the additional 2s. has disappeared, and the 6s. 6d. come down to 4s. 6d., which they have already declared to be insufficient. I refer only to this aspect of the present struggle, as it was the extra 2s. which seems to have reopened the closed book. The chain has been regilded, the hook has had an extra worm put on it. Surely the medical profession in Scotland will see that the bait is not even a real worm, but a phantom. The deeper and truer reason of the opposition by the doctors to the medical aspects of the Insurance Act has its foundation in the conviction that the Act means the degradation and servitude of a section of the profession.

I am, Sir, yours faithfully,

WILLIAM RUSSELL, M.D.,

Chairman, Scottish Medical Insurance Council.
Edinburgh, Nov. 26th, 1912.

To the Editor of THE LANCET.

SIR,—In your issue of to-day in the leading article you say: "The main difference between the present situation and that arising out of any previous negotiations with the Government is that the approval of any terms that are ultimately arrived at will now be left to the Divisions of the Association, the constitution of the Association appearing to provide, though by somewhat complicated procedure, for this contingency." In my opinion the constitution of the Association does not permit of this, and legal advice will have to be taken thereon. Under the articles of the Association, although the general control and policy of the Association is undoubtedly in the hands of the Divisions, their authority can only be exercised through the Representative Body, except in the case of a Referendum, which is only instituted for special purposes. I raised the point at the recent meeting, and was informed by the chairman that the resolution in question was not a Referendum but a precedent. If precedents can be made in contravention of articles of the Association, what is the value of the said articles? If the will of the Association is properly taken in strict accordance with the regulations laid down for that purpose, no doubt a loyal obedience should be given by the minority of the Divisions. But it can