

more populous part, rather than to "the nearest boundary" of each rural parish.

Clause (E) provides for cases occurring among those poor who may not be entered on the pauper list.

The parliamentary committee, the poor-law commissioners, and medical practitioners, had unanimously assented to the principle, that the illnesses of casual paupers demand a higher average payment than those of the permanent class.

It was therefore resolved, at the conference of February 9th, that each order should incur a payment of not less than 6s., nor more than 8s.; that is, *one-fourth* higher than the estimate for the cases of permanent paupers. And that the increase for distance should be in the same proportion as in the pauper list—viz., one-fourth (from 1s. 6d. to 2s.) additional for each mile.

For example, in a parish between five and six miles distant from the medical officer, the payment for each case would be fixed within the limits of 13s. 6d. and 18s., according to circumstances; and if the intermediate rate of 6s. 8d. per case (without the augmentation) were adopted, the payment in that instance would be 15s. If the distance were between two and three miles, at the same rate, the payment would be 10s. per case. These sums will be found to coincide with the generally expressed wishes of provincial practitioners.

At the same conference, a reduction in the payment per case was proposed for cities and towns containing more than 10,000 inhabitants, a minimum of 4s. and maximum of 5s. were considered applicable to the circumstances of such populous places.

This clause originally contained a provision for empowering the parochial clergy to grant orders for medical relief, in addition to the parties authorised to perform this duty at present.

But objections were raised, chiefly on the ground that the clergyman would not be responsible for his acts to the board of guardians.\*

This objection might have some force if the clergyman were invested with unlimited discretionary power to decide on the pauperism of each applicant, and to grant relief absolutely. (It may be a question whether such a power should be vested in any union or parochial officer.) But since the proposal is simply to permit the rector, vicar, or curate to order medical relief, *as a loan*, until the next meeting of the board, the guardians would always have it in their power to protect the rates from expenditure on improper objects. Besides, if the expenses of medical relief fell on the parish, the clergyman and parochial officers would be constantly reminded of their responsibility to the rate-payers.

It may be added, that the authorised interference of the clergy, in the supply of medical relief, would afford the sick poor a far greater security for sufficient medical attendance, than they now possess in the weekly reports submitted to the boards of guardians.

At the conference (Feb. 9th), the proposition for these provisional grants was omitted, to meet the views of the gentlemen acting for the other association. But, on reconsideration, it has been retained, the objections appearing inconclusive, and it being the duty of the profession to suggest increased facilities for supplying the poor with medical relief,† compatibly with the interests of the rate-payers.

By clause (F) the remuneration for workhouses is proposed to be calculated according to the number of inmates, but a higher rate per head is mentioned than for out-door paupers. This appears to be justified by the much greater proportion of illness in work-

houses, the number of cases attended in the year far exceeding the average weekly number of inmates. Besides,—the workhouse medical officer has constant and laborious duties unconnected with the mere treatment of disease.

By clause (G) the cost of drugs, &c., is estimated at half the medical remuneration, without affecting the augmentation for distance and area.\*

It was at first proposed that remuneration for difficult or protracted cases of midwifery, determined by clause (H), should be one guinea, with mileage. But this sum has justly been complained of, by many practitioners, as too low.

Your committee, therefore, have felt it due to the general opinion of the profession to alter the amount to two guineas. A proper remuneration for such cases, and for surgical operations of a serious character (Clause I), has been sanctioned by the commissioners, and, therefore needs no defence in this Report.

§ 40. Clause (K) is the same as Mr. Talfourd's fourth, with the additional proposal of remuneration for the Annual Medical Reports. This ought undoubtedly to be granted, in consideration, both of the increased trouble which such Reports would impose on the medical officer, and of the valuable statistical information which they would afford to the public.

As it would be impossible to enforce, in every union, a regulation compelling either the medical officers to reside within their districts, or the guardians to allot each parish to the nearest medical practitioner, it was considered essential that, in these Reports, the extent of districts, and the number of non-resident medical officers, should be annually brought under the cognizance of the government and of Parliament.

By this means, the attention of the commissioners and guardians would be constantly directed to the point.

Your committee need urge nothing in defence of the clause (L) prohibiting tenders, which, without such prohibitory enactment, might still be advertised for, in order to determine the remuneration within the limits fixed by the previous clauses.

The last clause (M), relating to the qualification of medical officers, has led to considerable discussion.

It appeared to your committee, that the recommendations of the late distinguished Sir Astley Cooper, and of Dr. Marshall Hall, should be adhered to as closely as possible. Two years' previous practice, and the diploma of the College of Surgeons, in addition to his legal qualification, should be required of every future candidate.

The only exception, in the opinion of your committee, should be in favour of those gentlemen who may have practised without the double qualification for not less than five or seven years before the proposed enactment came into operation.

The important question, involved in this clause, will be much simplified, when a proper qualification for all medical and surgical practitioners shall have been established by law, an enactment to which the profession anxiously looks forward.

The clause is now submitted in rather an altered form, and it is hoped will meet the views of those who have objected to former versions of it.

(To be continued.)

#### OBITUARY.

With much regret we have to record the death of Dr. Birkbeck, who expired on Wednesday, December 1, at his house in Finsbury Square, at the age of 66 years. Dr. Birkbeck was not less distinguished for his talents as a physician, than for the benevolent and estimable qualities of his mind, which had endeared him to a large circle of the most eminent literary and scientific characters of the day.

\* See Mr. Farr's evidence (15,811). See also § 25 and 50 of the preceding report.

\* Colonel Wade entertained similar objections. See Appendix to the commissioners' Report.

† Mr. Wakley's propositions also contain a provision for empowering the clergy to grant orders. With regard to the recovery of loans, attention is requested to the remarks of Colonel Wade, appended to the 17th section,

connection with it which I have not seen noticed, but which is of infinite importance to the provincial portion of the profession, and therefore I venture to bring it before the readers of the Journal which I conceive to be the special advocate of their claims.

In all the plans of reform hitherto proposed it is taken for granted, as a matter of course it would seem, that the metropolis is to have a complete monopoly of the power of licensing to practise,—that the examining body—senate, or whatever other denomination it is to be known by—is to be concentrated in the metropolis. Now, when we consider the great—the admittedly great advantages possessed by many of our large provincial towns in their well arranged and admirably appointed hospitals, dispensaries, and schools of instruction, I think it is not too much to demand that such places should possess their own senate, or examining body, for granting licences to their own qualified students. Against such a proposal no doubt some objections will be found; but if such persons admit that the professors of our provincial institutions are qualified for *teaching* medical knowledge, they must also concede to them the ability of *testing* the amount of knowledge acquired. Nor do I see why England should be alone in this respect, for, as is well known, both on the European and American continents, most of the schools or colleges, or universities, as they are variously termed, possess the power of licensing the students who have been educated therein. But in liberal England things are differently managed.

We are not to be told at this time of day that there is something so peculiar in the atmosphere of the metropolis, that examiners can only be properly reared within reach of it. A new university, as it is misnamed, has lately been established in London, and it certainly would startle us if a law were to be enacted to the effect that no degree in arts, medicine, or divinity, should be any longer promulgated from Oxford, Cambridge, Durham, &c., but that the students of these places should be marched up to Somerset House for examination. Certainly if the atmosphere of those cities is favourable to the growth of professors and examiners, there can be no good reason assigned why Manchester, Birmingham, Bristol, and the other large towns of England, should not produce the like. I should be glad to know why a faculty, or College of Medicine and Surgery, ought not to be established in every important town in the empire.

I will not dwell on the moral effects on professional character which would certainly result from such a change in the position of provincial practitioners. A local medical university in every large town would produce a degree of wholesome emulation, that must necessarily benefit the progress of knowledge. Nor do I see that the realization of such a scheme would be of very difficult execution. Let the Provincial Association, the provincial schools, and, above all, the great body of provincial practitioners, but *will* it, and it shall be accomplished. It is only yesterday that medical schools were established in the provinces; who shall say that to-morrow we shall be without a medical college in every important district? Let provincial practitioners but effect this, and medical reform will be lifted so high, that it may laugh at the puny assailants who at present so sorely annoy the profession.

At present, I merely throw out these few hints, hoping that the subject may attract the notice of some of the able and influential members of the profession in the provinces.

I am, Gentlemen,

Your very obedient servant,

A PROVINCIAL PRACTITIONER.

Manchester,  
Dec. 7th, 1841.

#### MANSLAUGHTER BY A MIDWIFE.

At Holbeck, on the 20th ult., an inquest was held on the body of Elizabeth Hargreaves, who had died in childbirth. The deceased, an unmarried mill-girl, was about to become a mother, and sent for Julia Clark, a midwife. A child was born at 6 p.m., the first to which the deceased had given birth; and the midwife left the house (saying she was wanted at home) before the expulsion of the placenta, or after-birth, nor did she say a word on the subject. She returned in about an hour, and tried to remove the after-birth, but could not succeed. The deceased became so ill, that one of the neighbours brought a surgeon, who removed the placenta, and gave the patient some medicine, but she died about 10 o'clock. Other evidence having been given, the jury returned a verdict of "Manslaughter," and the midwife was committed to York Castle for trial.—*Gateshead Observer*.

#### THE PHARMACEUTICAL SOCIETY AND THE COLLEGE OF PHYSICIANS.

On Thursday, the 18th of November, a deputation of the Pharmaceutical Society waited on the College of Physicians, for the purpose of discussing the proposed arrangements respecting the examination of chemists and druggists. The outline of the plan submitted by the deputation was favourably received, and the interview was in every respect satisfactory.

The surviving subscribers to the chemists' fund, have resolved on transferring to the Pharmaceutical Society the residue sum (more than £800) now in their hands.

#### VICEREGAL MEDICAL STAFF.

The Lord-Lieutenant of Ireland has made the following medical appointments to his household:—Physicians, Dr. Robert Law and Dr. John Banks; state-surgeon, Mr. Gerald Macklin; surgeon to the household, Mr. George W. Hatchell; dentist, Mr. P. Brophy; apothecary, Mr. D. Pakenham.

Dr. Law is one of the physicians to Sir P. Dunn's hospital; Dr. Banks, we believe, is brother to Mr. Percy Banks, a gentleman well known in the literary circles of London; and Mr. Brophy is the great Catholic dentist of Dublin.

#### BOOKS RECEIVED.

Treatise on the Oleum Jecoris Aselli, or Cod Liver Oil, &c. By John H. Bennett, M.D. London: Highley, 1841. 8vo. pp. 176.

On the Employment of the Microscope in Medical Studies. By the same Author. Edinburgh: Mac-lachlan and Stewart, 1841. 8vo. pp. 28.

#### ROYAL COLLEGE OF SURGEONS IN LONDON.

*Members admitted on Friday, November 26, 1841.*

Gilbert George William Maitland; Alfred Thomas Chandler; Daniel Scannell; John Gorring; John Pilkington; John Taylor Sharp; Joseph Thomas Brady; Stewart Blacker Roberts; John Buxton; Edmund Evance Hooper; Raphael Woolman Read.

*Friday, December 3.*

J. Shuter; J. M. Edwards; B. Booth; R. P. Cotton; W. Walter; F. Giles; S. K. Scott; F. Broughton; Y. S. Eyre; D. J. Williams; J. Woolcott; W. C. Moat.

Printed by SAMUEL TAYLOR, of 6, Chandos-street, in the Parish of St. Paul's, Covent-garden, at his Office, No. 6, Chandos-street, aforesaid; and published by JOHN CHURCHILL, at his residence, No. 15, Princes-street, in the Parish of St. Anne, Westminster.—Friday, December 10, 1841.