

ASSOCIATION MEDICAL JOURNAL.

EDITED BY JOHN ROSE CORMACK, M.D.

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NEW SERIES.

GENTLEMEN WISHING TO JOIN THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION ARE REQUESTED TO APPLY TO THE GENERAL SECRETARY, TO THE BRANCH SECRETARIES, OR TO THE EDITOR OF THE JOURNAL. The Annual Subscription is One Guinea. The Subscription runs from January to January; and members now joining will receive the Numbers of the JOURNAL from the commencement of the year. Members receive the JOURNAL free by post.

IRREGULAR DISTRIBUTION OF THE FEES OF PAROCHIAL MEDICAL OFFICERS.

A LETTER from Dr. PHILPOT BROOKES, which in February last appeared in the *Cheltenham Examiner*, on the subject of the fees of medical officers, lies now before us. It reminds us that an important fact ought to have been stated in our last week's leader on poor-law medical relief, viz., that the beggarly salaries which the law allows for medical attendance on the sick poor are distributed so irregularly, that the hardest worked practitioner is not uncommonly the worst remunerated.

Dr. Brookes's letter was written to the "Medical Committee of the Board of Guardians of the Cheltenham Union". Some complaints had been lodged against him by the Rev. C. B. TYRE, and he wrote to prove that they were utterly unfounded.

It seems that the number of cases that come annually under the care of Dr. Brookes are 856, amongst which are included several serious surgical cases. To these also may be added numerous others not returned in the weekly medical book. His own statement is: "I have upwards of 1,000 new cases yearly, and generally from eight to ten patients daily."

It will thus appear—our calculations of last week being remembered—that Dr. Brookes performs at least four times the average amount of parochial service, and he ought therefore, in common fairness, to receive four times the amount of salary, or £332 per annum. We do not know what the amount of Dr. Brookes's salary may be. That it does not reach the sum we name, we are fully convinced; and if it did, the miserable meanness of the poor-law authorities would stand out just as prominently as ever, inasmuch as Dr. Brookes either reduces the average sum of £83, which, as before stated, falls to the 3,233 parochial medical officers of this country, by receiving himself an unusual sum, or he suffers three or four times the penalty by receiving an amount that approaches only to the average share.

Dr. Brookes's case is not an exceptional one. We are acquainted with several instances in which a union practitioner, with six and eight hundred patients annually, receives no more pay than another with half that number. Still more painful is it to know the fact, that the extent of an union district scarcely affects the salary in an appreciable degree. Far down in the country, an union district often extends over many miles of dreary, dirty, broken

country, where no chaise can travel. On horseback, early in the morning, starts out the medical officer, and except that he has a saddle, that he dismounts occasionally, and that he possesses generally a tame horse, he is for the day as close an equestrian prisoner as was Mazeppa.

In the neighbourhood of London, on the contrary, the district practitioner has his patients very near to his own door; his travelling is attended with few difficulties, his time is saved, and his surgery necessities are obtained from town with little trouble or expense.

Still, as we said before, the two officers thus dissimilarly situated receive salaries exceedingly similar; nay, in some instances, that of the country practitioner is less than that of the suburban, or metropolitan. Nor is there any probability that this state of matters will end, until the Government removes the power of affording medical relief to the poor from boards of guardians, who, in all cases, purchase the services of the medical man on the same miserly scale as they purchase from the hay and corn dealer the constituents of that water gruel, with which they drench the miserable inmates of their gaol asylums.

In making these remarks, we wish particularly to state that it is no object of ours to draw painful distinctions betwixt the services and rewards of parochial medical officers. It is our object to benefit the whole class of parish doctors, than whom, no men more worthily deserve to be benefited. To equalize the wretched pittance at present given for their services would be impossible, since the endeavour to subtract from the salary of the best paid, would be well nigh equivalent to "taking the breeks off a Highlander".

THE MEDICAL SOCIETY OF LONDON AND THE SCIENCE OF PHYSIOLOGY.

SOME months since, on the 18th of February, we informed our readers that the Council of the Medical Society of London was projecting the establishment of a section, or sectional committee, for the cultivation of physiological science. We have now the gratification of stating that the project is in a great degree realised; that an active physiological committee has been elected; that this committee is open to receive papers written or communicated by any fellow of the Society; and that special evenings are to be appointed for the reading and discussion of such papers as may be approved of by the committee.

Few members of the profession will fail to approve of this movement of the London Medical Society. It was every day becoming more and more obvious that a physiological society in London was absolutely required; while side by side with this feeling, existed another, viz., that separate medical societies were already so numerous, that to belong to all of them, and to pay a yearly subscription to each, gave rise to an expense which many earnest scientific men were not able to meet without great self sacrifice. It was

am thus deprived of any opportunity of meeting with my fellow practitioners, except at the General Meeting. I very much regret being so circumstanced, as I am fully alive to the many advantages, as well moral, as social and professional, that accrue from frequent intercourse between the members.

I am not aware whether any particular plan was adopted in the formation of the existing branches in the first instance; or whether they accidentally originated wherever a certain number of members resided near to each other. If there was not, it seems to me desirable, with our swelling numbers, that some fixed plan should be adopted; and no one appears so little objectionable as a geographical. England and Scotland might be divided throughout their length and breadth into districts, each of which would assume active operations where a stated number of the resident practitioners had joined our ranks.

It seems to me also that the great objects of our body would be more effectually promoted were we to have meetings more frequently betwixt the members; but this, considering our position with the community, and the difficulty we have in leaving our homes for any length of time, is impossible, if we have forty or fifty miles to travel. I would therefore suggest to the members, for their consideration before the annual meeting, the propriety of having *local*, as well as *district Branches*.

Each *local* branch might comprise an area about twenty miles, meet once a month, and have a central and fixed place of meeting. Its business should comprise the discussion of questions affecting the sanitary condition of the people; the reading of medical papers and cases; the taking cognizance of all irregularities in practice; and the private hearing of, and adjudicating upon, all professional differences and peccadilloes.

The Council of the *district* Branch should be composed of representatives from the local branches—chosen, either in rotation, by ballot, or the suffrages of their fellows—who would carry up the report of the discussions of their several bodies for the opinion, or judgment it might be, of the higher Assembly; and assist in the transaction of the other business of the Branch.

The General Executive should be composed also of representatives from the various local branches; be considered the highest court of appeal in matters medical; receive the results of scientific investigations, and all discussions of the Branches; canvass the correctness of the one, and the justness of the other; issue reports of its transactions through its accredited organ, and be, in fact, a representative council for conducting the business of the Association. The Annual Meetings of the Parent Association, I mean of course to take place, as at present, at the principal towns of the United Kingdom.

With this arrangement the whole country would in time be brought within reach of our operations. We should present to view an organization whose highest objects and greatest efforts were for the welfare of humanity; we should command the attention and the ear of the legislature in all matters connected with the public health; we should be in a position to demand the representation of our body in the councils of the nation, by members of the profession; and be thereby more likely to witness a satisfactory adjustment of all matters connected with that *questio vexata*—Medical Reform.

I am, etc.,

JOHN MCINTYRE, M.D.

Odiham, July 18th, 1853.

ASSURANCE COMPANIES AND THEIR TRICKS.

LETTER TO THE EDITOR.

SIR,—There is a trick of the assurance companies, which I wish you would expose, and warn medical men from falling victims to. I do not think that it has yet been noticed: perhaps it is a new one.

The trick referred to is sending the schedule of the *private friend* to the medical man without a fee. Whenever a man, wishing to insure, says he has never required to employ a medical man, the agent asks him if he is *acquainted* with any. He very likely names the family attendant, and the latter receives a schedule to fill up as the private friend of the former.

This has been done to myself, on two occasions, by different offices; and a third instance has come under my notice as medical referee of a third company: so that in this town there are at least three offices in the practice of this shabbiness.

When I was referred to, I took no notice of the application. Others are not so decided; for as referee I have this very day received a schedule filled up by an M.D., as private friend, and of course no other medical certificate was sent me.

The dilemma is, either to give medical information without a fee, or to refuse to act as private friend to one whose family the practitioner attends, and thus to risk giving offence in that quarter. I need not lengthen my letter by any remarks: the bearings of the trick are obvious enough. I am, etc.,
Socius.

June 20th, 1853.

TO CORRESPONDENTS. We are still unable to publish the letters, on various subjects, now in type, and to which we formerly referred. We still continue to receive letters upon *Sunday observance*, several of which, on both sides of the question, treat it theologically, and therefore in a way not suited to the pages of a medical journal. We have said all that is at present necessary on the subject; and we shall not therefore do more than publish those letters which we formerly named, when we can do so conveniently. In reply to *Dr. Simpson's Letter to Dr. Meigs*, we have received several communications; and some of them we intend to publish with as little delay as possible. EDITOR.

NEWS AND TOPICS OF THE DAY.

CHARING CROSS HOSPITAL SCHOOL OF MEDICINE.

A hot war has been raging for some time past between the Managers of this institution and one of the Lecturers, Dr. Edward Smith. The disclosures which have been made show too plainly that medical teaching in a recognised metropolitan school is sometimes at least an occupation which brings with it neither honour nor emolument. We trust, however, that good may result from what has transpired. Already, a private quarrel seems to promise a public good. The following letter was addressed by the Secretary of the College of Surgeons to a member of the medical profession, in reply to his inquiries. We reprint it from the *Lancet* of July 23rd:—

“Royal College of Surgeons, July 1853.

“SIR,—In reply to your inquiry, whether the Charing Cross Hospital Medical School is now recognised by the College, I have to acquaint you that the Court of Examiners of this College have found it necessary to direct a visitation of the said school, but have not come to any decision on the question of its continued recognition. If the additions and alterations which the Court of Examiners think necessary to the efficiency of the school should be completed before the beginning of the ensuing winter season, the recognition will be continued. In the meantime, the Council has directed its removal from the list of schools from which certificates of the professional education of candidates for the fellowship and membership of the College will be received for the year commencing the 1st of August next.

“I am, sir, your most obedient servant,

“Edward Hart Vinen, Esq. EDW. BELFOUR, Secretary.”

QUEEN'S UNIVERSITY, IRELAND. The Senate have appointed the following Examiners in the Medical Department for the ensuing year:—*Chemistry*: Edmund Ronalds, Ph.D., Professor, Queen's College, Galway. *Anatomy and Physiology*: Charles Croker King, M.D., Professor, Queen's College, Galway. *Zoology and Botany*: George Dickie, M.D., Professor, Queen's College, Belfast. *Midwifery*: John Banks, M.D., King's Professor of Physic. *Surgery*: James G. Hughes, M.D., Fellow of the Royal College of Surgeons, Ireland. *Materia Medica, Pharmacy, and Medical Jurisprudence*: Aquila Smith, M.D., V.P. and Censor, King and Queen's College of Physicians, Examiner in *Materia Medica and Pharmacy*, T.C.D. *Midwifery and Diseases of Women and Children*: Henry L. Dwyer, A.M., M.D., Fellow of the King and Queen's College of Physicians.

SIR ASTLEY COOPER'S CLINICAL PRIZE. The prize of £300 has just been awarded to Henry Grey, Esq., of St. George's Hospital, for his Essay on the Spleen. The Council has offered to print the essay, at its own cost.

COMMUNICATIONS FOR THE EDITOR may be sent to the Editor's residence, Essex House, Putney, London: or to the office of the Journal. Letters requiring immediate attention and revised proofs ought invariably to be sent to Putney.