

ATTENDANCE ON FAMILIES OF MEDICAL MEN.

SIR.—Will you allow me to express, with Dr. Dutton, my surprise at the few answers to Mr. H. Blackburn on this important matter? Surely, if there is one subject "in the unwritten etiquette of the profession" that is settled, it is, "that medical men, their wives and families, should not be charged, unless they wish to be". I imagine that there are few who do not accept this idea; and if so, does it not follow that their widows, whose position by the change (from wife to widow) must have altered for the worse, should be treated at least as kindly?

The plan suggested by J. M. B., M.D., seems more unsatisfactory than charging a regular scale of reduced fees; and, if carried out, will produce much inconvenience, and many heartburnings. I beg to submit that the case of Dr. James Edmunds does not apply to the present question. He was, to put it quite plainly, cheated by the relatives; and, as desired by his late friend and patient, should have sent in his account in the regular way, in spite of the present, which he could have returned or kept as he thought fit. If doctors or their widows are "well off," and wish to pay, of course there can be no objection to charging them; and it should be understood that, if a medical man for good reasons object to attend his professional brother or his widow, he will be at liberty to refuse. The whole subject of medical attendance and fees no doubt requires investigation, but "reform" should aim at preventing people who can pay "provident" fees from getting advice at hospitals and dispensaries for nothing, and those who can pay regular fees from getting theirs for nominal ones.

A short time since, I heard of a lady, the wife of a solicitor of good position, who was in the habit of driving from one of the suburbs to Soho, alighting, and then walking to the Women's Hospital, where she was attended as a poor patient. This abuse is of the kind that should be altered; another is the gratuitous services of medical officers to hospitals and dispensaries. Reform should begin here, and should not be directed to changing the custom of attending, "for love," the young orphans and the widows of those who have finished their struggle in a noble, but badly remunerated, profession.—Yours obediently,

W. CULVER JAMES, M.D.

11, Marloes Road, Kensington, W., December 21st, 1881.

THE CHARTING OF ZYMOTIC DISEASE.

SIR,—I should like to be allowed to state in the columns of the JOURNAL that, after I sent you a copy of chart and circular on zymotic disease—its detection, etc., by charting—and not until then, it came to my knowledge that Dr. Taylor, medical officer of health for Scarborough, had had for a few years past a system of charting in operation, his own invention, and which, for places like this resort, appears to serve its purpose well. Dr. Taylor marks his chart in hieroglyphics, and distinguish six complaints, using black ink in preference to colours, which, in an interesting correspondence I have had with him, he informs me he has tried. His is an annual chart only. It is due to him that I should make that statement, but due to myself to say that, neither in Scarborough nor elsewhere, is there any system in operation so complete as mine, and I will add so thorough. I propose monthly charting, the classification of seven diseases, illness and death being alike recorded, and the regular copying of those charts every month on to "half-yearly" or "yearly" maps, to be kept for reference by the Sanitary Committee, and, if need be, by the Medical Department of the Local Government Board.—I am, sir, yours faithfully,
W. W. YATES.

W. W. YATES.

P.S.—It has been suggested that my system would fail where a medical officer happened to be colour-blind. In such a case, let the marking be done by the registrar of births and deaths, or by the clerk to the sanitary authority. As to illness, power to compel notification has been obtained by certain urban sanitary authorities by means of Improvement Acts. I hope similar powers will be given to all others.

THE OPIUM HABIT.

SIR,—In the JOURNAL of October 29th last, p. 716, there is a paragraph on the Opium Habit, and the means to be adopted for its cure. This consists in a gradual reduction of the morphia, and a gradual increase of the amount of bromides to be given. In the article, there is no indication of the proportionate doses of morphia and of the bromides: that is to say, suppose a patient has been taking six or seven grains of morphia *per diem*, what quantity of the bromides should he commence with, and how should he go on gradually reducing the morphia and the bromides, so as to keep up the requisite proportions between the two drugs to produce the desired effect? An answer from yourself, or from any member of the Association, will much oblige yours truly,

MALWA.

MALWA.

SURGEONS AT DUELS.

SIR,—Your correspondent “Cave” does X” say, “Mr. Justice Cave’s dictum, that the surgeon who attends a duel is equally guilty with the principal who fires the shot, is on a par with the dictum that the surgeon who undertakes the cure of a primary syphilitic ulcer is equally guilty with the patient who contracts it.” To my mind, the two cases are not, as the lawyers would say, “on all fours.” Without accepting Mr. Justice Cave’s judgment as to surgeons who attend duels, I should consider myself guilty of gross unprofessional conduct if a man were to apprise me that he was about to incur the risk of contracting syphilis, and I were to agree beforehand to do my best to cure him.—I am, sir, yours faithfully,
December 27th, 1881.
CAVE, C.N.E.M.

CAVE CANEM.

GLUTEN OR BRAN BREAD.

SIR,—I shall be very pleased if any member of the medical profession will inform me of the easiest, best, and cheapest way of making either of the above articles of diet for diabetic patients. Also how the materials can be prepared for making it at home, and the place they can be obtained. I am asking this because I have one or two patients with diabetes who cannot afford to pay the price of London manufacturers, and to whom I think the above articles of diet are necessary for their recovery.—I am, etc.,

ENQUIRENS.

ENOUIRENS.

DISPLACEMENT OF THE UTERUS AND DYSMENORRHOEA.

SIR,—With respect to the communication of Dr. Lombe Atthill, published in your JOURNAL of December 24th, will you permit me to point out that his remarks upon a paper of mine are based upon an abstract only? In an abstract results alone can be given, it is impossible to describe fully how they have been reached. Dr. Atthill will doubtless have the opportunity of reading the paper in question when the forthcoming volume of the Obstetrical *Transactions* appears; and he will then find that I have not "built up a theory upon the anatomical mechanism of the uterus . . . omitting to study the cases during life"; but that, on the contrary, my estimate of the comparative value of *post mortem* and clinical evidence in the determination of the question at issue, is much in accord with his own. I would, therefore, respectfully ask him to suspend his judgment, so far as my paper is concerned, until he has read it.—I am, sir,

G. ERNEST HERMAN.

7, West Street, Finsbury Circus, December 26th, 1881.

UNQUALIFIED ASSISTANTS.

SIR,—I have noticed, from time to time, letters in the JOURNAL concerning unqualified assistants; some from medical men in favour of continuing to employ them, as is quite customary now; others expressing contrary views. Having occasion to look over the Apothecaries' Act of 1851, I came across the following section, which, according to my interpretation, renders the practice of an unqualified person as an assistant distinctly illegal; and, as I have never seen any mention of it anywhere, I thought it might interest some of your readers who are unaware of its existence.

"Section xvii. All be it further enacted, that, from and after the first day of August 1815, it shall not be lawful for any persons or persons (excepting persons then acting as assistants to any apothecaries as aforesaid, and excepting persons who have actually served an apprenticeship of five years to an apothecary, to act as an assistant to any apothecary, in compounding or dispensing medicines without undergoing an examination by the said court of examiners, or the major part of them, or by five apothecaries, to be appointed as hereinafter is mentioned; and obtaining a certificate of his or their qualification to act as such assistant from the said court of examiners, or the major part of them, or from the said five apothecaries, who are hereby authorised and empowered to examine all persons applying to them for that purpose, and to grant a certificate of such fitness and qualifications."

Section xx fixes the penalty for every such offence at £5.—Yours faithfully,
JAMES MCNAUGHT, M.D., M.R.C.S.
Newchurch-in-Rossendale, December 20th, 1881.

FEEES.

SIR,—I have twice, in your pages, advocated fee-payments instead of bills, as far as possible. In the *JOURNAL* for December 21st, 1872, page 703, is one letter about it. The plan of taking fees whenever practicable has been carried into effect by me, and by others at my suggestion, to our direct gain, remuneration having been thus received which would otherwise have been lost, and patients retained for years, who, if they had an unpaid account, would never have shown their faces again. Of course, the fee-system cannot be applied to all patients in general practice; we must discriminate. In the case of substantial ratepayers, heads of families, it would hardly do; but in the case of persons in lodgings, birds of passage, those who are not ratepayers, and many *employés*, it is very applicable; also in the case of doubtful people, and invariably in venereal cases.

Furthermore—1. In giving evidence in any law-court, we should always obtain our fees beforehand. We have no redress afterwards. 2. We should give no life-
insurance information without a proper fee. The same with various certificate
(excepting club, hospital, and parish matters) demanded by all sorts of people.
3. Chemical analyses, sanitary inspections, personal examinations, and other pro-
fessional inquiries, should all be paid for beforehand, or before the result is com-
municated to the parties. 4. When called to a sudden emergency in the case of a
stranger, we are often left without the slightest acknowledgment of our services.
Here I can only suggest that, when we have done all we can for the sufferer, if the
fee remain unpaid, should he or his friends want a certificate, or an answer to a
question, our compliance should always be prefaced by a request for our fee. 5.
When summoned to a case of fatal accident or sudden death, it is well to answer
no question about the case, no matter by whom put, lest we frustrate a necessary
inquest.

All these precautions, most requisite for our own protection, are perfectly consistent with every possible attention, kindness, consideration, and urbanity, towards our patient and those belonging to him. Every well-trained and right-feeling medical man will keep in view what is thus due from him to others; but that is quite a distinct affair from what is due from others to him. They are entirely separate matters, and it is our duty to attend properly to both. The other points named in my former letter I will not repeat, but merely refer to.—I am, sir, your obedient servant,

A PROVINCIAL SURGEON.

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