

The suggestions of the first meeting might take something of the following form:—

1. What shall be the minimum annual payment of each member of a club?

2. Shall it be a fixed sum, or regulated by: (a) The sum insured for in case of illness; (b) the age at which the member joins; (c) the income or age of the member?

The section "b" either to be used by itself, or in conjunction with "a" or "c."

3. Shall or can any rule be made that will exclude from the benefits of medical attendance those members who are well able to afford the ordinary fees of a general practitioner?

These suggestions are very crude and might no doubt be added to, though it seems to me that the fewer and the more definite the points of discussion the better; I will not now attempt to discuss them, but hope others more able will take the matter up. One thing is certain that unless we get a very large majority to endeavour to work together we can do no practical good whatever.—I am, etc.,

Freshford.

CHAS. E. S. FLEMMING.

SIR,—I enclose a slip¹ containing a brief annual report of the Medical Aid Association which exists in this town. As an addition to this report I will state two or three facts. One is that the population of the area from which this Society draws its members (3,058) does not much exceed 6,000, so, practically, cheap medical attendance is supplied by this Association to about half the population. Cheap medical attendance means at the rate of 4s. per annum for each adult, 2s. for each child, including all medicines, etc.; midwifery 10s. and vaccination 1s. each case. Another fact is that a large number of the members are well-to-do, and can easily pay reasonable fees for medical attendance. This number is made up of farmers, shopkeepers in the principal streets, nearly all the publicans in the town, small property owners, artisans earning £2 to £3 per week, domestic servants from the large houses, etc. Another fact to notice is that two medical officers, whose joint salary is about £300 per annum, are engaged by this Society, and are doing the work that formerly, without any hardship to the public, brought in to the general practitioner about £200 per annum.

Judging from the report and the facts I have given, you can readily understand what a very serious injury is being done to general medical practitioners by such societies as this, and how impossible it will be (if these societies continue to spread as they are doing) for a large number of practitioners to get a living for themselves, much more provide for a family; and, further, how the scope for medical practice is being limited, and thus the question as to what is to become of the large number of men annually entering the medical profession is rendered one of very serious importance.

I have on former occasions pointed out that the only remedy, as far as I can see, is such a combination of the members of our profession as will have power enough to compel all such societies either to have a wage limit with regard to the membership, or a sliding scale of payments, and thus be able to employ more medical officers and give much larger remuneration for their services.—I am, etc.,

Stourpoint.

W. MOORE, M.R.C.S.E., L.S.A.

"THE NEW L.S.A.'s."

SIR,—I wish to bring to the notice of the profession the great hardship which the new Licentiatees of the Society of Apothecaries of London are labouring under.

In many provincial hospitals applicants for the post of surgeon must be Fellows, Members, or Licentiatees of the Royal College of Surgeons of Great Britain, or hold a degree in surgery from some British university, thus shutting out the new L.S.A.'s, who are as equally well qualified as those

¹ The annual report showed that the year closed with a total membership of 3,058, being an increase of 239 over the previous year. The income for the year was £484, £20 of which was for entrance fees. The expenditure exceeded the income by £5, the chief items being medical officers' salaries, £295; cost of drugs, £15; cab hire, £20; rents, rates, taxes, and gas, £63; salaries of officers, £25; and cost of alterations and fitting up of surgery at new premises in York Street, £28. The total worth of the Association was £106, being value of stock £80, and cash in hand £26. The report stated that an extraordinary expenditure of upwards of £50 had been incurred in consequence of the Society removing their business from Lichfield Street to York Street. The statistics for the year of the medical officers showed 9,530 attendances at the surgery, 11,415 bottles of medicine, 4,654 home visits, 62 vaccinations, 252 teeth extracted, 83 births, and 50 deaths.

holding the M.R.C.S. and L.R.C.P.; diplomas granted upon similar conditions should certainly be placed on an equality.

A friend of mine lately commenced practice in a town. Soon after his arrival he had occasion to fill up a death certificate in a surgical case. The friends of the deceased took the certificate to the local registrar, who officiously informed them that the newcomer had no surgical qualification, which was false, he holding the new L.S.A. The Society of Apothecaries is the only medical corporation which grants a single title to a triple qualification, and I propose the General Medical Council be petitioned by the new Licentiatees to grant them a title sufficiently distinguishable from the old L.S.A., who had no surgical qualification. I would propose the title L.M.S. be prefixed to L.S.A., which could not possibly give offence to anyone, and would, I believe, satisfy the requirements of the new Licentiatees.

The paragraph inserted in the *Medical Register* is quite inefficient, and I would advise all the new L.S.A.'s, in the coming election of direct representatives to the General Medical Council, to vote only for those candidates who are in favour of giving us some distinguishing title.—I am, etc.,

L.S.A. 1887 and 1891.

GRAVES'S DISEASE.

SIR,—In the report in the *BRITISH MEDICAL JOURNAL* of April 18th, of Dr. Hingston Fox's interesting paper on Graves's Disease, at the West Kent Medico-Chirurgical Society, it is stated that Dr. Hunter Mackenzie's theory of the pathology was adopted.

As the theory mentioned is mine might I ask you to correct the name accordingly.—I am, etc.,

HECTOR W. G. MACKENZIE.

Lambeth Palace Road, S.E.

MEDICO-LEGAL AND MEDICO-ETHICAL.

PHYSICIANS AND LICENTIATES.

KING'S LYNN.—There can, we believe, be no doubt that a Licentiate of the Royal College of Physicians is entitled to call himself a "Physician," and to practise as such.

ADVERTISEMENT BY CIRCULAR.

A.L.—We quite concur with our correspondent that the issue of the advertisement circulars, of which he forwarded copies, is greatly to be deprecated; and we have repeatedly urged in these columns that such advertisements should be forwarded to the College or body from which the advertisers derived their diploma. Prompt measures would, we hope, be taken to stop the objectionable practice.

"A CARD."

C.L.—With a view to avoid the wearisome reiteration of advice on the same subject, we deem it best to refer our correspondent to the suggestions made in the *BRITISH MEDICAL JOURNAL* of March 14th, page 611, and April 14th, page 778, under the respective headings of "Advertising Cards," and "Advertisements in Newspapers." The "card" issued by Dr. R. should entail upon its author the rigid enforcement of the disciplinary laws of his College.

A BAD COMRADE.

X.—We would willingly advise our correspondent as to the specific ethical obligation devolving upon A. and C. in the matter of B., but in the absence of any definite charge (other than a general imputation) of unethical conduct against the latter, are not in a position to do so, and therefore can only urge upon them the special expediency of seeking by precept and example unobtrusively but persistently to impress upon B. the *golden rule* by which it behoves all practitioners, in their own true interests, to be governed. It is scarcely necessary to add that, however regrettable the line of conduct pursued by B. may be, nothing would justify A. and C. in deviating by way of retaliation from a professionally honourable course of action, which, sooner or later, can scarcely fail to meet with its due reward.

FEES FOR ATTENDANCE ON RELATIVES OF MEDICAL MEN.

ST. LEONARDS MEMBER.—The medical man in South Africa is quite justified in making a claim for his attendance on our correspondent's brother. As the deceased left no estate, and as there is no actual legal claim against the brother, the best solution would probably be a letter written, fully and candidly stating all the facts.

ALARMIST ARTICLES.

ARTICLES, such as that on "Nervous Exhaustion," contributed by a young practitioner to the *Rectory and Vicarage*, are injurious, inasmuch as they unquestionably tend to excite a feeling of painful anxiety, not only in persons of feeble health, but in nervous and elderly people otherwise healthy; and such, it has been stated, has been the effect of the article in question. Great, therefore, will be the responsibility of

the writer if he persist in overshadowing the family circle with needless dread and apprehension. Moreover, he will do well to bear in mind that such contributions to non-medical papers may subject him to the disciplinary laws of his College.

INTRODUCTIONS.

A. BUYS a practice from B., paying half purchase money on entering, the other half to be paid on transfer of appointments. The agreement states that B. is to give an introduction either personally or by circular, but this is not done, B. leaving the district the day after A. arrives, without leaving any address. Is A. legally bound to pay the rest of the money?

. We are advised that a thoroughly reliable opinion on this case cannot be formed without the contract. It is not stated whether the appointments referred to have been duly transferred to the purchaser. If they have been, the question arises as to whether or not they were transferred at a period later than that within which the introduction should reasonably have been given, as, if so, this might be taken as an admission by the purchaser that he was satisfied with the vendor's performance of the contract on his part. Apart from this, and from any facts appearing on the contract or otherwise, we think the purchaser would be entitled to counterclaim (in an action for the unpaid instalments of the purchase money) for damages for breach of contract. It will be well to look carefully at the contract, in order to ascertain whether or not there is any express agreement on the part of the vendor not to practise in the neighbourhood. If there is not, the vendor might return and re-establish himself, and the non-payment of the balance of the purchase money might afford a good excuse for so doing; although, as we have before advised in these columns, no excuse would appear to be legally necessary in the absence of an express provision in restraint.

A QUESTION OF SENIORITY.

SUFFOLK writes: A. and B. are partners with equal shares (A. being the senior). A. sells his share to C., and B. and C. then become partners. Who is by right senior partner, B. or C.?

. Perhaps, in the absence of any express agreement on the subject, there is no strict legal right on the part of B. to take the position of senior partner, but we have no doubt that, by courtesy and general custom, he is entitled to it. In this case, the privilege would seem to consist of having his name appear first in the title of the firm.

MEDICAL MEN AND 'CORONERS' JURIES.

JUSTITIA.—Medical men in actual practice are exempt from serving on juries, whether coroners' or in civil or criminal matters. The exemption should be claimed at the time the jury lists are made up. If the name remains on the list its owner is liable to be summoned, and may then find some difficulty in proving his right to be exempt.

NAVAL AND MILITARY MEDICAL SERVICES.

CONTINUOUS FOREIGN SERVICE.

A CORRESPONDENT points out that the present onerous conditions of foreign service in the Medical Staff demand a remedy. As that service is chiefly in India, he therefore invites attention to the following special regulations which govern the service of Royal Engineer officers in that country: Every Royal Engineer officer after four years is entitled to place his name on a "continuous service India list," and, if approved, he is allowed to serve on a certain time, after which he goes home on furlough, not on duty. At the end of the furlough he returns to India, and continues this system until the period for retirement comes, when he obtains a special Indian, in addition to his regimental, pension. By such a system, while the autonomy and cohesion of the Royal Engineers as a corps are maintained, and regimental promotion and rewards not interfered with, there is obvious advantage both to the State and to individuals. It is argued that similar advantages would accrue if some system of the kind was adopted in the Medical Staff; for the present system of long spells of foreign service and short periods of home duty, without break, speedily wears men out.

We think the information here supplied and the suggestions thrown out are well worthy of attention. Everything, in fact, connected with the organisation of the Royal Engineers is worth study, for they enjoy a larger amount of self-government, and as a result judiciously contrive to take better care of themselves than any other body of public servants. It may not be affirmed that the system suited for them could be fully applied to the Medical Staff; but at least much can be said, both on theoretical and practical grounds, for a system of semi-voluntary service in such a country as India. To some men Indian service supplies both pleasure and profit; to others it brings only disease and death. A voluntary

system, therefore, tempered by official watchfulness, would automatically work out a selection of the fittest. There is a great difference in a home furlough and in the home service of medical officers. The value of furlough has long been recognised, so that some of our wisest Indian administrators have advocated one every seventh year, instead of after ten years. It affords real rest and refreshing for both body and mind, whereas the home tour of the medical officer brings no relaxation to one or the other. The medical officer, after five or six years of exhausting work in the plains, does duty on the homeward voyage, and on arrival is immediately plunged into the worry of garrison hospital work. The short annual leave he may get—probably after no little bother and delay—is far too limited for the recovery of broken health, much less for the brushing up of professional knowledge. It is not so much the amount of work as its continuous uncertain grinding character which wears out medical men, both in civil and military life, while the public and governing bodies are all too apt to look upon the doctor in the aspect of the hired horse, which proverbially never does or ought to tire. We would, therefore, welcome any modification of conditions which would lessen the strain of foreign service on medical officers as a body. At present they have little leisure either for recreation or for study, and any system which would afford them more of that is worth discussion.

THE NAVY.

SURGEON RICHARD EDMUND BIDDULPH, B.A., M.B., is promoted to be Staff-Surgeon, March 31st. His first appointment is dated March 31st, 1879.

The following appointments have been made at the Admiralty:—JOHN K. CONWAY, Fleet-Surgeon to the *Asia*, for service in Portsmouth Dockyard, April 13th; PERCY W. BASSETT-SMITH, Surgeon to the *Penguin*, April 15th; JOHN L. BARRINGTON, Surgeon to the *Naukin*, April 15th; HENRY L. CROCKER, Staff-Surgeon, to the *Boscawen*, for Portland Sick Quarters, May 3rd.

THE MEDICAL STAFF.

BRIGADE-SURGEON JAMES YOUNG DONALDSON, M.D., is promoted to be Deputy Surgeon-General, ranking as Colonel from December 10th, 1890, *vice* J. Landale, M.D., retired. Dr. Donaldson's previous commissions are thus dated: Assistant-Surgeon, June 13th, 1859; Surgeon, March 1st, 1873; Surgeon-Major, January 6th, 1875; and Brigade-Surgeon, June 24th, 1885. He has no war record in the Army Lists.

The promotions of the undermentioned officers are antedated as follows: Deputy Surgeon-General (ranking as Colonel) EDWARD CORRIGAN MARKEY, C.B., to September 11th, 1890, *vice* S. B. Roe, M.B., C.B., retired; Deputy Surgeon-General (ranking as Colonel) GEORGE E. WILL, to November 13th, 1890, *vice* J. G. Faught, promoted; Brigade-Surgeon (ranking as Lieutenant-Colonel) JOHN MATURIN, F.R.C.S.I., to September 11th, 1890, *vice* E. C. MARKEY; Brigade-Surgeon (ranking as Lieutenant-Colonel) ROBERT COLLINS, M.B., to November 13th, 1890, *vice* G. E. Will; Brigade-Surgeon (ranking as Lieutenant-Colonel) THOMAS O'FARRELL, M.D., to December 10th, 1890, *vice* J. Y. Donaldson, M.D., promoted.

Surgeon-Major (ranking as Lieutenant-Colonel) GEORGE ANDREW, M.B., is promoted to be Brigade-Surgeon from February 14th. *vice* J. Wilson, M.D., F.F.P.S.Glas., retired. Brigade-Surgeon Andrew entered as Assistant-Surgeon, March 31st, 1865; became Surgeon, March 1st, 1873; and Surgeon-Major, March 31st, 1877. He served with the 6th Regiment in the Hazara campaign in 1868, including the subsequent operations on the Black Mountain (medal with clasp), and in the Afghan war of 1878-80, taking part with the expeditions into the Lughman Valley and against the Khugians (medal).

Sergeant-Major MARTIN HEWITT, Medical Staff Corps, is appointed Quartermaster, with the honorary rank of Lieutenant, *vice* Honorary Lieutenant T. Warrington, deceased, April 2nd.

Brigade-Surgeon H. S. MUIR, M.D., and Surgeon C. S. SPARKES, who are serving in the Bengal command, have leave of absence for six months on private affairs.

Surgeon A. PETERKIN, M.B., serving in the Bombay command, in medical charge of the station hospital at Poorundhur, is transferred to general duty in the Poona district; and Surgeon H. J. BARNES, who is also serving in the Bombay command on general duty in the Poona district, is transferred to the medical charge of the station hospital at Poorundhur.

INDIAN MEDICAL SERVICE.

SURGEON W. J. BUCHANAN, Bengal Establishment, is appointed to the officiating medical charge of the 35th Sikhs, *vice* Surgeon F. C. Clarkson, in temporary medical charge of the 2nd Battalion 4th Goorkhas.

The appointment of Surgeon-Major H. HAMILTON, Bengal Establishment, to the temporary medical charge of the Guides Cavalry, is cancelled.

Surgeon A. L. DUKE, Bengal Establishment, is appointed to officiate as Residency Surgeon in Turkish Arabia during the absence on furlough of Brigade-Surgeon R. Bowman.

The services of Surgeon A. W. D. LEAHY, Bengal Establishment, Agency Surgeon in Urwur, are placed temporarily at the disposal of the Home Department.

Surgeon JOHN CRIMMIN, V.C., Bombay Establishment, is directed to act as Health Officer of the port of Bombay, *vice* Surgeon-Major F. F. MacCartie.

Surgeon-Major O. H. CHANNER, M.B., Bombay Establishment, Deputy Sanitary Commissioner, Southern Registration district, is appointed to act as civil surgeon of Belgaum, in addition to his own duties.