

## CONTRACT MEDICAL PRACTICE.

## MEDICAL AID COMPANIES.

A CORRESPONDENT writes that in view of the recent decision of the General Medical Council he has sent in his resignation as medical officer for his district. Since doing so he has received the following communication:

The National Medical Aid Company Limited,  
District Office,

December 5th, 1901.

DEAR SIR,—In view of the decision arrived at by the General Medical Council on the 29th ult., in which a medical officer of this Company was concerned, I have reluctantly to inform you that henceforth there must be no new member accepted even by recommendations.

This course is imperative for the very large number of doctors acting for the Company—nearly 800—who will by this means be at once placed in a position of perfect security from any possible unpleasantness on account of their connection with a Medical Aid Association. It cannot be too clearly understood that the sole charge in the case referred to and upon which the General Medical Council was asked to give a decision, was in connection with canvassing and that alone.

Faithfully yours,

(Signed)

District Manager.

Our correspondent asks for an opinion as to whether he would be justified in continuing to act as their medical officer. He has never known of a case of canvassing, and has only added five or six members to the club who have come voluntarily and asked if they might join; he has a written guarantee that no member can join who has over twenty shillings a week. He understands that the only suggestion the General Medical Council make is that canvassing must not be done, and he thinks that if he prohibited any new members joining, that would at once meet their suggestion.

Under the circumstances stated, our correspondent would still have to rely in great degree on the discretion of the collectors and other officers of the Society, persons whose primary (assurance) business depends for its success on touting, and who have no conception of or sympathy with the rules against advertising which bind medical men. We must think that his professional honour and reputation would be safer in his own keeping.

It is, of course, open to him to make such arrangements for attending poor persons at contract rates as he and his professional neighbours might think suitable. The part played by Medical Aid Societies in such matters has been shown to be purely parasitic. The requirements of the community in respect of "medical aid" are found to be better provided for by a public medical service under the control of the profession, without any interference from lay contrivances for exploiting our labour and skill.

## THE PREVENTION OF CONSUMPTION.

## DEVON AND CORNWALL.

AN influential meeting was held at Plymouth on December 3rd, under the presidency of the Mayor, in connection with the Devon and Cornwall Association for the Prevention of Consumption. The object of the meeting was to consider the establishment of a sanatorium for the consumptive poor of Devon and Cornwall.

The Mayor, in opening the proceedings, expressed his entire sympathy with the movement. Lord Mount-Edgcumbe then moved:

That in the opinion of this meeting it is desirable to establish a sanatorium in the neighbourhood of the Three Towns for the open-air treatment of consumptive patients in Devon and Cornwall, and that a committee be appointed with a view of carrying out this object. This resolution was seconded by Dr. Davy of Exeter, and was carried.

A large and representative committee was nominated, and a working subcommittee was appointed to obtain subscriptions and work out the details of the scheme.

Dr. Bushnell said that the views of the subcommittee were that the sanatorium should be for the consumptive poor and those of limited means, in the early stage of the disease, and that the institution should be founded and maintained by a combination of voluntary subscription and public moneys.

## ASSOCIATION INTELLIGENCE.

## COUNCIL.

## NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association at 429, Strand (corner of Agar Street), London, on Wednesday, the 15th day of January, at 2 o'clock in the afternoon.

Dec. 19th, 1901.

FRANCIS FOWKE, *General Secretary.*

## NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1902.

MEETINGS of the Council will be held on January 15th, April 16th, July 9th, and October 22nd. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting—namely, March 26th, June 18th, and October 1st, 1902.

## ELECTION OF MEMBERS.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or any recognised Branch Council.

FRANCIS FOWKE, *General Secretary.*

## LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

## BRANCH MEETINGS TO BE HELD.

BORDER COUNTIES BRANCH.—A meeting of this Branch will be held at the Infirmary, Whitehaven, on Friday afternoon, January 17th, 1902. Members intending to read papers, show cases, etc., and gentlemen desirous of joining the Branch, are requested to communicate as early as possible with the Honorary Secretary, W. F. FARQUHARSON, M.D., Garlands, Carlisle.

## CORRECTION OF LIST OF MEMBERS.

We find that the name of Dr. W. Macphun Semple of Yeovil, was included by inadvertence in the List of Members recently published as "Dead." We hasten to publish this correction and to express our regret for an unintentional clerical error.

## BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE third ordinary meeting of the session was held in the Birmingham Medical Institute on December 12th, 1901, the President, Dr. E. MALINS, and later, Mr. BENNETT MAY, being in the chair. Thirty-seven members were present.

*Confirmation of Minutes.*—The minutes of the previous meeting were read, confirmed as amended, and signed.

*Acknowledgement of Vote of Condolence.*—A letter was read from Mrs. T. Vincent Jackson expressing her thanks for the sympathy of the members of the Branch.

*New Members.*—The following members of the Association were elected members of the Branch, namely—E. S. Nutting, M.D., Edgbaston, nominated by Professor Leith; E. Whichello, M.B., Birmingham, nominated by Dr. R. Shiels; J. A. Wolferson, L.R.C.P. and S., Chapel Ash, nominated by Dr. F. Edge.

*Cases of Lupus and Phthisis treated by Koch's Tuberculin R.*—Dr. SAUNDY showed two cases which were treated last summer in the General Hospital by injection of Koch's tuberculin R. It was now five months since their dismissal from the hospital and the cure seemed permanent.

Case 1. W. P., aged 30, admitted May 25th for hæmoptysis; had been an out-patient for phthisis for a year; some flattening, dulness, and numerous crepitations at left apex; tubercle bacilli abundant in sputa; weight 9 st. 2 lbs.; treated by injections of tuberculin R., commencing with mg. 0.002, gradually increased to mg. 2; the treatment caused no rise of temperature. The patient was discharged on July 18th; he had gained 4 lbs. in weight; the sputum was examined on July 30th, and no tubercle bacilli were found. He has returned to work, is free from cough, and considers himself nearly as strong as he was before his illness. His weight in September was 9 st. 12 lbs., but at present he weighs exactly the same as on his discharge, 9 st. 6 lbs. Case 2. W. H., aged 20, was admitted on May 16th with an ulcerated lupus involving the nose, both cheeks, and the upper lip; the disease had existed for three years. The treatment by tuberculin R. was begun on May 21st, and reached mg. 2 by July 17th, when he was discharged. His face was quite healed by July 1st. The cicatrix has remained perfectly sound, pale, and free from any appearance of recurrence of the disease. In both cases the injections of mg. 2 have been continued once a fortnight up to the present time.

*Pseudo-hypertrophic Paralysis.*—Mr. M. A. MESSITER showed a boy, aged 10, presenting the characteristic features of this disease.

*The Treatment of Lupus, Rodent Ulcer, etc., by Finnsen Light, Roentgen Rays, and Electrical Currents.*—Mr. HALL-EDWARDS

read a paper with the above title, and gave a demonstration of the apparatus used. Remarks were made by Dr. DEANESLY, Mr. HEATON, Dr. SAUNDBY, Dr. D'ESTE EMERY, and Mr. BENNETT MAY; and Mr. HALL-EDWARDS replied.

*The Electric "Series" Bath.*—Dr. J. A. CODD read a paper on this subject, under the following headings—namely: Failure of treatment, often due to too little current. Available current strength limited through painful and caustic effects. These avoided by lessening density by increasing area of electrodes. The local bath an ideal electrode. The ordinary or "shunt" bath—advantages and disadvantages. Gärtner's diaphragm. The writer's "series" bath. Whole body (except head) traversed by current; exact dosage possible. Solitary disadvantage of absence of stimulation of skin of trunk and thighs.

*Vote of Thanks.*—On the motion of Mr. MORRISON, seconded by Dr. STACEY WILSON, and supported by Mr. BENNETT MAY, it was resolved:

That the best thanks of the meeting be given to Dr. Codd for his valuable paper.

Dr. Codd expressed his acknowledgment of the vote.

## SPECIAL CORRESPONDENCE.

### INDIA.

*The Report of Mr. Brodrick's Committee on the Reorganisation of the Army Medical Service.—Effect on other Medical Services.*

THE report of the Committee on the Army Medical Service has been received with very mingled feelings in India. The increase of the pay of the junior ranks and the granting of charge pay to the senior ones is sufficiently liberal to go a very long way towards removing the principal grievance of the service, and in itself would probably have been effectual in attracting the right stamp of recruits. Unfortunately these concessions have been to a great extent, if not entirely, neutralised by the absurd system of frequent re-examinations, and still more by the abolition of the certainty of a pension after twenty years' service or promotion to the rank of lieutenant-colonel with its pay. The Committee cannot have much faith in the quality of the candidates it expects to obtain if it considers it necessary to re-examine them in such subjects as medicine and surgery within three years of their entry into the service, nor would it serve any useful purpose to test them once more in sanitation, bacteriology, and tropical diseases at such an early period if the four months course at Netley was not to be cut down to the ridiculous period of two months. The attempt to create a reserve of junior officers is all right as far as it goes, but it is considered that the regulation to readmit from the reserve within three years will only gather in the failures in civil practice—a not altogether desirable thing. Another difficulty will be that officers will not be available for foreign service until after their examination for the rank of captain in the middle of their fourth year, while formerly they might be sent abroad at an earlier period. The examination for the rank of major is already in force, but it is considered doubtful if the mark system in these examinations will work quite fairly or is the best way to ensure the rapid promotion of the most practically efficient men, for some will be much more favourably placed for studying for the examination than others. However, by far the most objectionable feature of the scheme is the series of regulations concerning promotion to the rank of lieutenant-colonel. Under these rules any officer who fails twice in the examination in the miscellaneous assortment of subjects laid down loses all right to any pension whatever, which is only granted by special permission of the Secretary of State. Now it is well known that the mainstay in the attractions of the service has always been the pension of £1 a day after twenty years service, and the taking away of this right will, in the opinion of those best qualified to judge, probably more than counteract the attractions of the increased rates of pay. Just as bad is the provision that, even after running the whole gauntlet of examinations, including that for promotion to the rank of lieutenant-colonel, the unfortunate officer is neither sure of

such promotion, nor even of the pay of the rank unless specially selected for promotion from among those qualified, so that even if all the obstacles of the race are successfully surmounted, all that can be counted on is the pay of a major and the pension of that rank after 25 years service. Under such conditions it will be surprising if many men remain in the corps longer than the three years qualifying for the reserve or a longer period for a gratuity, and that these terms will have to be modified before contentment and well-competed-for examinations are once more the order of the day.

But there is another point of view from which this scheme is of great interest in India, and that is the question of what will be the effect of the enhanced rates of pay proposed for the R.A.M.C. on that of the other medical services. The failure of the navy to secure the required candidates by competitive examination will undoubtedly necessitate the offer of an increased rate of pay. No less urgent is the case of the Indian Medical Service as shown by the shortage of qualified candidates in February last, and the generally recognised grave discontent in the service. Matters will now be brought to a crisis, for the increased pay in the junior ranks, and the charge allowances in the senior now proposed, will actually raise the pay of the R.A.M.C. officers to higher rates than that of the I.M.S. both in the first five years and in the senior ranks of major and lieutenant-colonel, and leave practically no difference between them during the few remaining years in the rank of captain. As all services which spend their whole time in India are paid at a higher rate than similar services which spend much of their time in England, it is evident that the pay of the I.M.S. will have to be very substantially raised in order to secure the number and stamp of men hitherto obtained. This will also raise the question of the pay in civil employ; the reduced rate of pay given for much harder work in the civil branch, based on the long-exploded fiction that this is more than made up by private practice, will have to be remedied. The market value of young medical men has been greatly enhanced recently by the five years curriculum and the suppression of unqualified assistants, and this fact must be recognised by the State by the granting of more liberal pay. No time should be lost in meeting this demand in no niggardly way if the Naval and Indian Medical Services are to be saved from the depletion and paralysis which, as the experience of the R.A.M.C. eloquently testifies, are easier to prevent by timely prophylaxis than to cure by carefully-considered and well-meant, if drastic, remedies.

### SYDNEY.

*The Sydney and Suburban Provident Medical Association.—The Sydney Metropolitan Medical Association.—The Prevention and Treatment of Consumption.—Dr. Ashburton Thompson.—Death of Dr. R. S. Bright of Hobart.—Papers at the New South Wales Branch Meeting.*

THE annual meeting of the profession of Sydney and suburbs to receive the report of the Sydney and Suburban Provident Medical Association was held recently. The report of the honorary secretary showed a steady increase in the number of financial members, but a large number of members drop out from time to time, and it is felt that the absence of benefits in the shape of funeral donations and sick pay militates against the rapid progress of the Association. The question of providing additional benefits has been discussed on several occasions by the committee, but no satisfactory scheme has been adopted. Some £2,000 has been divided amongst the active medical staff during the year, in addition to about £1,000 paid to the chemists employed by the Association. Dr. Ralph Worrall was re-elected President, and Drs. O'Hara and Binney, Honorary Secretary and Treasurer respectively.

The Sydney Metropolitan Medical Association has been a very active organisation ever since its formation some months ago. This is due to the energy of Mr. Hankins, the President, and Dr. Sinclair Gillies, the Honorary Secretary. A few weeks ago Sir James Graham, M.D., the Mayor, entertained the Association at the Town Hall, and on this occasion Dr. W. G. Armstrong, the Government Medical Officer of Health, read a paper on municipal sanitation, which is pub-