

medial by bringing diseases indeed to an end, but not without intermediate operations, both apparent and designed, and looked for as conditional to the result. This little light gave me heart and encouragement, and a new interest. Not that by help of it I was able to penetrate the *modus operandi* of medicines in the least degree, but I could just read by it that they had, or seemed to have, at least two several ways of working out their ends, and that physicians had two distinct purposes in prescribing them. To me, as yet an uninformed looker-on, the practice of medicine first presented itself taking this outline; it was its natural outline; and it has remained distinct and permanent and the same in my mind ever since. Whatever I have since learnt has taken its shape from it, and its place within it; and so will what I have now to say.

It would save some trouble, and not, I trust, shew me bent upon handling the subject too artificially, and so spoiling it, if of these two modes of dealing with disease remedially, I called the one their *cure*, and the other their *treatment*. According to popular notion, cure is the aim and end of all treatment, and the result and complement of successful treatment. But let cure and treatment now be taken to denote different things, so far as the aims and objects of the physician are concerned in his management of disease. Let cure be looked upon as concerned with the disease as such, and having little or no regard to the individual patient whom it befalls. Treatment is concerned with the individual patient, and leaves his disease to take care of itself.

There are eminent and familiar instances of cure in this sense: the cure of ague by bark and arsenic; of scabies by sulphur; of syphilis by mercury; of scurvy by lemon-juice; and of certain periosteal diseases by iodide of potassium. And small-pox, measles, scarlatina, the typhus and typhoid maladies, are eminent instances of diseases which have no cure, and yet issue in recovery and health by means of treatment.

It is an instructive fact that, as the knowledge of disease has increased, the practice of medicine has been less and less conversant with cures and more and more conversant with treatment. The knowledge of disease is not naturally suggestive of special remedies, which are always hit upon by chance; it rather goes to reducing the number of the old ones. From its habit of inquiry, it is ever trying the claims of certain remedies to the credit of *curing* certain diseases; and is ever finding good reason to disallow such claims and reject such remedies largely. Hence, practice has betaken itself of necessity to manage many diseases by *treatment*, which were once deemed within easy reach of cure. And thus the present state of our knowledge has come to warrant the conclusion that the number of diseases is very small which are capable of cure by a proper remedy of their own, and which exclude the need of other remedies addressed to conditions belonging to the individual patients; whereas the number in which the converse obtains would embrace the vast majority of human maladies.

But this cure of diseases by single special remedies is a thing so complete and offhand, so saving of thought and trouble, and so accordant with the popular notion how diseases are, or ought to be, dealt with, that one cannot help some regret for the number in this happy predicament being small. Did

it include all or almost all diseases, it would go near to produce unanimity among physicians, for there would be nothing for them to disagree about; and at the same time to banish all thought from them in practice, for there would be nothing for them to think about. Nevertheless, we should greatly rise in the opinion of the world, which, even with things as they are, is ready to magnify none so highly as those who, whether deceiving or self-deceived, have a cure for any or for all diseases.

Cure by special remedies addressed to the disease, and treatment by common remedies addressed to present indications in the man, divide the domain of practical medicine between them; unequally indeed, but still they divide it. Moreover, they mix themselves a good deal together; cure and treatment running into each other, and special and common remedies cooperating for good.

Let it, however, be remarked that practical medicine takes this shape from its own necessity, and things are. Our knowledge is incomplete. But such as it is, we must use it; and the first condition of using it safely or profitably is to know that it is incomplete. An imperfect instrument is in our hands, and we cannot trust it simply and entirely. It needs some art and management in the handling; but these must not be too much, lest they hurt the play of our instrument, imperfect as it is.

## Addresses and Papers

READ AT

THE TWENTY-NINTH ANNUAL MEETING  
OF THE BRITISH MEDICAL  
ASSOCIATION.

[Held in CANTERBURY, JULY 23rd, 24th, and 25th, 1861.]

### CLUB-PRACTICE.

By A. B. STEELE, Esq., Liverpool.

THE subject that I have to bring before you will at once be understood by the term of club-practice; it is a question which concerns a large number of the members of our Association. I can speak with certainty with regard to my own locality, the manufacturing districts of Lancashire; and I will take the town of Liverpool as a specimen. There a very considerable proportion of the medical profession—quite nine out of ten, or nineteen out of twenty—at some period or other of their professional career are more or less connected with club-practice. The subject is also one of considerable importance to the community at large, because it is the means, and the only means, of affording to that very large and important section of the population sometimes called the working classes—by which I mean the operatives—not only the power of obtaining relief during temporary illness, but of procuring them skilled medical attendance without intruding upon the funds of the medical charities, or on the parochial rates; thereby encouraging that feeling of independence among the working classes the growth of which it is so desirable to foster and promote. In order to give you some idea of the magnitude of the system, I may say that Mr. Tidd Pratt states that there are in this country, within his knowledge, besides many that he knows nothing of, nine millions of members of benefit societies, and probably the number is much higher; and that at least one million of money—very likely it is much

more—is expended in affording them relief during sickness. It shows you that this is a subject of considerable extent. It is a curious fact, in reference to these societies—or rather, to one particular class of them, the burial societies—that Lancashire and Kent are two counties which contain a larger number of burial societies than the whole of the other counties of England put together.

I now come to the practical part of the matter. I think that the grievances under which club-doctors—I call them by their popular name—labour may be summed up under three heads. The first is, that they are underpaid; and this is a complaint which does not apply to this part of the profession alone; because, when we find the army and navy surgeons underpaid, and the Poor-law medical officers underpaid, what can be expected but that the club-doctors should be underpaid also? I believe that their average remuneration, so far as my experience goes, is from two to five shillings per member per annum; three shillings being the most frequent rate. If the average payment could be raised to five shillings, I should think it desirable; and if to four shillings, an improvement, though that would give ground of complaint. The second grievance is the abuses to which the system is liable. As a means of affording to the operative and to the respectable self-dependent working-man skilful medical attendance in the hour of sickness, these institutions are most valuable; but, instead of being limited to this class, many others become members of the societies for various reasons—tradesmen, owners of public-houses, etc. They become, I say, members—not, perhaps, with the direct intention of availing themselves of the surgeon's services; but finding themselves in a position to do so when sickness overtakes them, they do not fail to come upon the club. The third grievance is, that the laws of these societies, with a very few exceptions, are entirely made by the men themselves; and almost as invariably they are made so as to be altogether against the medical man, and in favour of the members. If the rules be carefully examined, where they can be interpreted into English (which is not always the case), it will be found that it is almost impossible for a medical man, however desirous he may be of doing his duty, to comply with the letter of these regulations. The result is practically this, that as long as the medical man pleases the fancies of all the members, he is allowed to comply with the laws as far as he is able; but if the members of any society, or any number of them, desire to get rid of their medical officer, nothing is easier than to charge him with a neglect of the laws; and, if he be confronted with those laws strictly, it will be generally found that he has not complied with them all—for the very simple and sufficient reason, that it was impossible for him to do so.

Now these are the grievances; and the only remaining question is, How is this Association to assist us? When I first determined to bring this matter before the society, I thought I might have asked the Association to appoint a committee to consider the subject, and to place themselves in communication with Mr. Tidd Pratt, the registrar of these societies, who has a certain control over them. With this view, when I was in London the other day, I called upon him, and met with a very courteous reception. I found him extremely desirous to afford the medical profession every assistance; but, when I came to the practical part, I discovered that we could not expect much help from him. He gave me the same answer that Lord Palmerston gave to the Poor-law medical officers: "Gentlemen, it is entirely a matter of contract; it is your own affair; you must help yourselves; for the government will never interfere in a matter of this kind, because it is simply a question of bargaining between parties." I asked him if I might have permission to state here that I had seen him;

and, if any steps were taken by the Association, whether he would be willing to receive any remarks or suggestions, or to enter into the question at all. He said that he should be most happy to do so. After that interview with him, I feel some difficulty in recommending any particular course to be pursued. I told him that I thought I saw a practical solution of the difficulty in this way; that a kind of model code of laws might be drawn up, which would be quite as beneficial to the clubs as to ourselves, because their present laws are contradictory and confused; and when they come to be examined in the courts of law, almost any kind of construction can be put upon them. I asked Mr. Tidd Pratt if he would use his influence in endeavouring to persuade the societies to adopt a law of the nature I have mentioned; but the difficulty he started was this, that if he did so, and then, by chance, any of the societies should be broken up, we should be told that it was in consequence of the government interference.

I think I have now put the meeting in possession of all that I have to say on the subject. I shall be very glad if any one present, connected with this kind of practice, will give us the benefit of his ideas on the subject. I think that questions of this kind are such as may fairly be brought before us. I acknowledge, of course, the extreme importance and the extreme utility of our endeavours to promote scientific research; this, no doubt, is one of our primary objects. I appreciate equally highly the means these meetings afford us of pleasant social intercourse. But still I do not think that this great Association will fully complete its mission until it undertakes to consider, and, if possible, to solve, these difficult social questions, which affect us so materially as medical men; because many of us depend upon our profession for our livelihood; and, until we are in a position to meet the pressing difficulties of life, it is of very little use to offer us scientific information or social intercourse. With this view I have brought the subject before the Association; though, in consequence of my interview with Mr. Tidd Pratt, I must conclude without moving any definite resolution.

Sir CHARLES HASTINGS said that the question of club-practice was very important, and one involved in great difficulties. He thought that Mr. Steele had adopted a very prudent course in not at this moment proposing the adoption of any special line of action. It was better, if he might so say, to "cast the bread upon the waters"; and he hoped that it would be "found after many days"; and that Mr. Steele himself would enjoy some of it. With reference to the Poor-law medical relief question, he had received a letter from Mr. Griffin, to say that the Committee had sent to require his attendance; so that the question was evidently fairly on, and a termination of it might be expected.

Dr. FARR said that, if he rightly understood the question, the club-doctors complained that they were called upon to do too much work for their pay. He would ask Mr. Steele whether he could not obtain a return of the amount of work done, of the sickness prevailing among members of the club, if any peculiar to their way of life, etc. This would be a valuable contribution to science; it would show the nature and extent of disease prevailing among the working people; and it would also furnish a useful statement as to the amount of work really done by the club-doctors. He knew that a similar return had been obtained of the work done by the Poor-law medical officers.

A PIECE OF METEORIC IRON weighing 2,000 pounds, found in Tucson, Arizona, is about to be sent to the Smithsonian Institute. A smaller piece, found in the same place, has been used for several years for an anvil in a blacksmith's shop.