

bottles, dirty slabs, and half-filled grease-pots; the table itself was not stained with spillings and overflowings from infusions, decoctions, and liniments—a dirty rag here, or a greasy spatula there; but, being covered with a bright white metal, was, immediately after the dispensing was over, restored to its pristine purity. There may be something in the system of out-patient prescribing and dispensing with us that causes greater difficulties than appear at first sight; but I have only to state facts. Now, the dispensing in private hospitals is, I believe, universally—but certainly it was, in the hospitals I have visited, mainly—carried on by regularly trained sisters of one of the orders which have charge of the French hospitals. A *pharmacien* supervises them, but the chief of the work, and especially the dispensing proper, devolves upon the sisters. As far as my inquiries went, the medical men were perfectly satisfied with the manner in which they performed their duties. There is some difference of opinion between provincial and metropolitan physicians as to the sisters, but the difference refers rather to their social and corporate influence, than to the manner in which their professional duties are performed.

My wish, sir, is that, in the first instance, the ladies who advocate the development of female labour, should well consider whether their energies might not more appropriately be directed in the path which I have indicated. The next question will necessarily be whether one or more of our leading chemists, and the Pharmaceutical Society, would in any way promote the object I have in view. It does not appear to me visionary; and I think that the objections the governing bodies have entertained to encouraging female doctors would not hold in the present case. Much more might be said on the subject; but as a short letter is more likely to be read than a long one, I prefer leaving the matter where it is, only hoping that I have said enough to induce others to give it full and mature consideration. I am, etc.,

A FELLOW OF THE COLLEGE OF PHYSICIANS.

PROFESSIONAL REMUNERATION.

SIR,—If imitation be the sincerest flattery, the Manchester Medico-Ethical Association has every reason to feel flattered by the recognition of the value of its tariff of fees on the part of the Sydenham District Society. More especially must those who, like myself, had some little hand in the composition of the document, feel pleased at the literal exactness with which they have adopted both our ideas and our language. Taking this, along with the very favourable notices which all the medical journals gave us at the time of our issue, I think, perhaps, the British Medical Association may now be induced to endorse with the weight of its authority a tariff not very different from our own. I am aware that none can be absolutely suited to the requirements of every district; but I think there is enough of equality of circumstances to allow of the use of one tariff, with a few explanatory remarks for the guidance of practitioners specially affected. In the actual fixing of fees, the Sydenham Society has made some alterations; and I trust the matter is sufficiently important to justify me in opening up the subject to discussion by a comparison of the two, not necessarily always in our own favour. The subject is so lengthy, that I must, at the expense of style, adopt a very condensed and numerical diction.

1. *Classification of Patients.*—The rental plan, with explanatory exceptions, is adopted by both. We, however, make four classes: houses below £25; £25 to £50; £50 to £100; £100 and upwards. They make only three classes: below £50; £50 to £100; £100 and upwards. I submit that our plan is preferable; because there must be some poor, yet unpauperised, people even in Sydenham, and the lowest fee, 2s. 6d., is high enough for them, while the highest, 3s. 6d., will frequently be too little for people living in a house of—say £45. Again, the highest fee in class 11, 5s., is often too small for a person inhabiting a house of £95.

2. *An Ordinary Visit.*—The above remarks apply to this; but I think that people of the highest class should seldom be charged as low as 5s.

3. *Special Visit.*—I am glad they have adopted this class; but whether they be charged, as we fix, at a visit and a-half, or as a double visit, it should be clearly defined, as there is no point on which the tariff is so often appealed to for a decision.

4. *Night Visits.*—The double fee is here quite right; and the power of charging 21s. for wilful, or unnecessary, disturbance at night, might, as they suggest, be advisable; but I see no reason for complicating the matter by adopting different rules for different classes of patients.

5. *Mileage.*—We assign two miles as the home circuit; they one. In very large towns, or country districts, I fear their plan is unattainable; but this is one of the points that might be settled by each district for itself. According to their tariff, the poorest person must pay 4s. 6d., instead of 2s. 6d., if he lives a mile and a-third away.

6. *Letters of Advice.*—These are charged 10s. 6d. to the poorest, and

21s. to most, patients in the Sydenham tariff; in ours as ordinary visits. A good deal might be said for each plan; probably a medium one—a double visit—might be best. There seems no reason why a general practitioner should suddenly become a physician if he has to write a note to his patient instead of talking to him for half an hour.

7. *Attendance on Servants.*—On the whole, I am inclined to consider their plan the best, viz., always to charge for servants as if they were members of the lowest-rented class.

8. *Midwifery.*—I, personally, think they are right in adopting 21s. as the lowest fee, including a few after visits; and that both of us are right in adopting a scale which has been miserably departed from hitherto in this neighbourhood. For the use of country districts, there should be something said as to distance. It is not the mere journey; but the necessity of remaining with cases that are far from homes. We allow a fee and a-half for operative cases. In any general tariff there should be a rule for consultation midwifery. [I should like to know whether the Sydenham practitioners really get the midwifery fees in the tariff, along with payment for each after visit.]

9. *Consultants.*—The Sydenham tariff would appear to imply that no consultants reside in the district, as it only gives the fee for a visit from London. Not knowing the exact distance, I can give no opinion on this; but any tariff for general adoption must lay down regulations for consultants, and I think ours will be found to be equally fair to both consultant and general practitioner.

I fear my remarks have been almost too concise; but I trust they will be intelligible to any one who will take the trouble to consult the tariff as given in the JOURNAL of December 14th. I wish I dare ask for the insertion of the Manchester tariff in your next. I am, etc.,

Manchester, December, 1867.

J. THORBURN.

THE CHASSEPOT RIFLE AND ITS AMMUNITION.

SIR,—A clerical error has crept into the table, copied from Captain Majendie's official report of weights of the "Chassepot rifle and its ammunition", in page 557 of the BRITISH MEDICAL JOURNAL of Dec. 14th last. Instead of "weight of cartridge, French measure, 11 grammes, Eng. measure, 578.4 grains", the weight should be 31 grammes, or 478.4 grains. The cartridge includes the ball, charge, etc.

December 1867.

I am, etc., T. L.

OBSTETRIC BANDAGE.

SIR,—For many years past I have been in the habit of applying a bandage around the abdomen in all midwifery cases that I have attended. For the purpose I generally use a thin woollen shawl folded cornerwise, allowing a width, when folded, of about fourteen inches space, the broadest part in front of the abdomen, and of course tie it behind. When a patient has an expulsive pain, I direct an attendant to pull steadily behind, so as to support the womb, where otherwise it would alone be supported by the abdominal muscles. My patients generally express themselves as feeling great comfort from the appliance; and I certainly think that in this way is produced a more equal pressure, and one which, of course, can be longer sustained than by the outspread hands of the doctor in attendance on the case. Another advantage is this, that there is no necessity for any movement of the woman in order to apply the bandage after delivery. I always tighten the support immediately after the child is expelled, and before I tie the cord; and I have reason to believe that, in this way, I have not unfrequently prevented *post partum* hæmorrhage.

In such a case as that of Dr. Spender's, reported in the BRITISH MEDICAL JOURNAL, of November 30th, I have no doubt but the additional support given by the outspread hands will be very advantageous.

I am, etc.,

H. E. NORRIS.

Charmouth, December, 1867.

MUSCULAR HYPERTROPHY.

SIR,—I am pleased to see that the condition of muscular hypertrophy described by M. Duchenne is meeting general attention. The case brought forward by Mr. Adams at a recent meeting of the Pathological Society, is evidently a good illustration. I have met with many such cases, both during the time when I was one of the surgical staff of the Royal Orthopædic Hospital, and since. The condition is mentioned in my work on Diseases of Joints. It is but just, however, to Mr. Tamplin to say that he first drew my attention to the subject many years ago, as well as to the method of giving relief. I believe that the muscular tissue is itself hypertrophied, for a considerable amount of atrophy follows the division of the tendo Achillis. I am, etc.,

Princes Street, December, 1867.

HOLMES COOTE.