

Correspondence.

THE AVERAGE MEDICAL INCOME.

SIR,—The importance of forming a correct estimate of the average medical income is emphasized by the publication of the report on the Organization of Medical Attendance in the SUPPLEMENT of March 4th. If too low an estimate prevail, it will form the base upon which remuneration will be founded, whatever scheme may be adopted. I therefore hope that all members able to do so will contribute either criticism of Professor Moore's estimate, or facts upon which to base one more correct. Professor Moore's calculations seem imperfect on the following grounds:

1. They assume that people who are not in clubs pay no more per head for medical attendance than those who are, taking the average of the whole country. Even amongst the working classes this is at best doubtful. One has often heard the assertion that friendly societies at 4s. a head are worth taking, only because their doctor gets also private practice amongst the members' families. One would therefore assume that this paid at a higher rate. In addition, there are enormous numbers of lower middle-class patients who pay higher fees than the working classes, and there are the rich who pay much higher fees. Professor Moore considers that these are counterbalanced by the paupers and hospital casuals, who pay nothing. No one can know if this be so. It is astonishing how many of the latter class do also pay fees to doctors. At all events, an assumption, unsupported by evidence, that the whole nation pays at the same rate as a minority which is not even representative of the whole, allows so wide a margin of error as to be quite inadmissible.

2. They take no account of confinement fees, which are always—and of surgical fees, which are often—extras for club patients.

3. They reckon nothing for insurance work, factory surgeoncy, vaccination, part-time medical officerships of health, and the many other minor appointments which add to the incomes of many general practitioners.

4. They rightly do not deduct from the total of doctors amongst whom the aggregate income is to be divided those men in Poor Law and municipal work who are engaged in treating patients. But neither do they deduct the whole-time medical officers of health, the teachers, pathologists, and retired practitioners, who should be deducted, because they treat no patients, and their incomes are not derived from the source under consideration.

The whole question would be capable of easy and accurate settlement if we could get definite returns from a fair sample group of medical men; without that we are dependent on indirect methods. The average income probably differs in various parts of the kingdom somewhat in proportion to the cost of living in each part. I am under the impression (it is only an impression) that an ordinarily competent man in an industrial district can be reasonably sure of a net income of about £400 per annum after being five or six years in practice. Some practitioners make very much more, a few probably make less. I judge from their style of living, and from positive knowledge in a number of cases. Assistants, who are very few comparatively, make from £180 to £250, reckoning in value of board and lodging. Taking all together, I shall be surprised if the average income in such a district falls much below £400 per annum, and it may be higher. The whole profession will be indebted to those who can supply a more accurate estimate; failing that, the well-considered impressions of a number of observers might land us near the truth.

The other points in Professor Moore's letter are of minor importance. His accuracy I may well leave to be judged by readers of this correspondence, and his method of expression by readers of his book, who will find there much in the same style as the sentence which I quoted. His apparent attacks on club doctors and on other groups of medical men seemed more important, but he now says that he nowhere in his book attacked any body of persons. There is therefore nothing to say except to apologize for my utter lack of power to comprehend the meaning of words.

There are other contentious matters in Professor Moore's letter, but I refrain from remarking on them in order to concentrate attention on the main question—the average medical income.—I am, etc.,

March 8th.

T. L. BUNTING.

SIR,—The letter in which Dr. Benjamin Moore attempts to justify his statement that the average medical income is "well within £200 per annum" ought not to be allowed to pass without a protest from those who have some knowledge of the facts. One would have thought that any observer, taking a walk through any town and noticing the houses of the medical practitioners, would have inferred that such houses could not be kept up on an income of £200 a year; and, further, a glance through the advertisement pages of the BRITISH MEDICAL JOURNAL for a few weeks or months would disclose the fact that a practice of that size is distinctly rare.

Probably a locumtenent would be as well qualified as any one to judge of the average medical income. He goes to all sorts of practices all over the country, and can estimate from the work done, and from the style of living kept up, pretty well what the income must be. It might be objected that a locumtenent is only employed by a practitioner who can afford to take a holiday; but this is not so, for the greater number of such engagements are due to the illness of the principal, and not to holidays, and the man of small income is as likely to be ill as he of the large income. I was recently acting as locumtenent for a period of nearly two years, and during that time I only once took charge of a practice the income of which was not obviously largely in excess of Dr. Moore's figure; and the one exception was in the case of a young man who had recently commenced practice.

I cannot agree that it is right to take "4s. a year as the average amount paid for medical attendance by every inhabitant of the country." For ten years I was practising in an entirely working-class town, but even there the average was higher. While Dr. Moore discounts the "upper ten thousand," he entirely leaves out of his calculation the very large middle class, whose average annual contribution to the doctor would be many times 4s.

The latter part of Dr. Moore's letter seems to me very regrettable. While reaffirming that the average income is "well within £200," he suggests as adequate an increase of 25 per cent., making £250 in all—just the salary that is paid to a decent assistant. Is it well, especially at the present time, that the Government and the public generally should be given the impression that the average medical man would think himself well off with this amount?—I am, etc.,

London, S.W., March 7th.

A. W. HARRISON, M.D.

TO HELP THE BRITISH MEDICAL BENEVOLENT FUND.

SIR,—At the annual meeting of the British Benevolent Fund held on March 6th, I ventured to suggest a plan which I think would secure a large increase of income. However convinced they may be of the value of the work of the society, and however clearly they may see both the duty and the advantage of subscribing, practitioners in the hurry and worry of their lives forget the matter, or let it slide, and nothing is done. My suggestion was that men so situated should get their wives to take the subject over. A kindly disposed and shrewd woman would have two motives for action. She would be helping those who were in distress, and—well aware that her husband had not been able to make any provision—she would embrace the opportunity of securing some assistance should the evil day come to those who were nearest and dearest to her. The amount subscribed need not be large enough to be a burden even to a practitioner of narrow means. What is wanted is a large number of subscriptions coming in regularly, for if the number is considerable the individual sums may be small. Suppose it were agreed that every Saturday night the wife should put sixpence into a box provided for the purpose. Could not every one afford this? By such an arrangement, in the course of the year 26s. would almost insensibly accumulate. In many cases the amount might just as easily be a shilling, or still more. And there should be a