

or to suggest a remedy. We must all have noticed this again and again. Our services are made much too common, partly by the injudicious or self-interested action of some of us, partly by the circumstances under which we work, among which the most notable point is the custom of giving our services gratuitously. This, which ought to be the exception, only done in special cases, has come to be the rule and the system. There ought now to be an end to it. The public ought now to be made aware that medical men are no more to be called on to work for nothing than solicitors, barristers, clergymen, or those of any other profession. Each of us, in his own place, remembering that he represents the profession in that place, should so manage as to let this be understood; it may be discreetly done, and each would find himself a gainer while helping all. And fees, whether physicians' or any other, should always be regarded as due at the time, and should be obtained at the time, whenever practicable. By doing this, each practitioner will gain considerably, and will often retain for himself patients, who, if allowed to run up an account, will leave both account and doctor and go elsewhere. I speak from actual and long experience. It is a very common notion that medical men need not be paid at the time; that anyone may come and consult them without present payment; and that an account is to be sent in some time or other. This should never be permitted. Strangers and chance-patients should always pay at once. Those following fee-practice should not allow the rule of their practice to be infringed. Those who must send accounts should view the doing so as an exception, only granted to known and settled residents; the rule of cash payment being applied to all others. Accounts should be punctually sent in, and at intervals as short as possible, either as soon as attendance ceases, or monthly, quarterly, or half-yearly, but certainly never less than annually. Those who never send in their accounts do great injury both to themselves and the profession. I know of one who, with a limited practice, has owing to him about £1,000, simply because he never sends in his bills. Such conduct fosters the prevalent notion that it is not very necessary to pay a medical man. There seems a good deal, both in the profession and out of it, that wants to be set to rights. Such things as visits near home, charged *nil*; consultations with another practitioner, *nil*; vaccination, *nil*; night-visits, half-a-crown; powders, sixpence; clubs, half-a-crown a head, with ten shilling and fifteen shilling midwifery, need immediate revision. The leaders of the profession, too, ought to charge higher fees. But nothing hurts the profession more than unfair charges made to a patient, or the least approach to dishonesty therein, or even the appearance of it. Medical men ought to be trusted; that is their rightful and due position. But any doctor who so acts as to make him not to be trusted inflicts on the whole profession a grievous injury, and ought to be turned out of it. In every possible case, payment for service rendered should be sought as a fee at the time. In certain cases, for instance, always in venereal cases, and with strangers and lodgers, this should be insisted on. I quite agree in the suggestion that "some fair and reasonable scale of fees should be arranged immediately, either by the General Medical Council or by the British Medical Association; and that steps be forthwith taken for their universal adoption by the profession".

I formerly addressed to you a letter on the subject of fees, and am glad to see the subject at length taken up.—Your obedient servant,
January 28th, 1878. A. COUNTRY SURGEON.

THE CORONER'S COURT.

SIR,—Your readers should feel obliged to Dr. A. S. Taylor for his kindness in giving them, in his most exhaustive memorandum on the appointment of coroners, the benefit of his great experience on the subject.

It is satisfactory to see that Dr. Taylor insists on the importance of the examination-test of competency, and I hope he will see the advisability of refusing to give to county or borough magistrates the power of selecting the coroner. Scientific gentlemen should not be subjected to the expensive and humiliating ordeal of canvassing the magistracy or any other body of men. I venture to think that the army and navy medical examinations, with the interim of study, would form good models on which to base the examination of students and applicants for the coronership. I would have the candidates to pass at the outset a competitive examination to determine the eligibility of each, after which the successful candidates should be referred to appropriate legal and medical courses of study, which might be pursued at the Temple and London medical schools, and then, after a certain time, these candidates should undergo a pass examination, when each man's marks should be carefully noted, and the value and priority of the appointments given according to merit.

In reference to the present coroners, it is proposed, in paragraph 17, to retain them in full possession of their offices and emoluments. I do not think it would give public satisfaction to retain men in office whose inefficiency has given rise to so much dissatisfaction. Of course, there are several clever and estimable men among them, but, as a class, they have been weighed in the balance of public opinion and found wanting. I would beg to suggest, then, that in order that the proposed new state of things should come quickly into operation after the passing of the Bill, provision should be made that the present coroners should resign their posts after a stated time. If they be retained in office, posterity, of course, will be the chief gainer by the reform.

The memorandum refers, in paragraph 26, to medical coroners holding inquests on their own patients. A system which permits a coroner to hold inquests on his own patients is indefensible, and is, I believe, as injurious to the majority of the medical profession as it is viewed with disfavour and suspicion by the public at large. A little time ago, I read in a newspaper of a coroner, when holding an inquest on a patient of his own who died suddenly under peculiar circumstances, making it the occasion for delivering to the jury some laudatory remarks on his own and his partner's high professional abilities; but this same coroner, when holding an inquest on a woman who had been attended by a neighbouring brother general practitioner, was so severe in his remarks towards him, that a leading medical journal took the coroner to task for it. Medical men and solicitors in practice should not be allowed to hold the coronership; for, with the best intentions, they can hardly act independently, for fear of giving offence to their patients and clients, by whom they have for the most part to live.—I remain, sir, your obedient servant,
WILLIAM O'NEILL, M.D., M.R.C.P.

Lincoln, January 26th, 1878.

THE ORGANISATION OF CHARITY IN HOSPITALS.

SIR,—As I trust the valuable letters of your correspondent, "A Member of the Charity Organisation Society", will be republished in a form in which they will be readily accessible to the subscribers to our hospitals and the public generally, I hope you will allow me to indicate a few points touched on in the letter published in the JOURNAL for January 5th, on which it seems to me a little additional information might be given. And, first, as to St. Bartholomew's Hospital, which is classed among those that have resisted every appeal, and have refused to make the smallest attempt at reformation: I have recently been informed, on the highest authority, that an endeavour is being made by the treasurer, Sir Sydney Waterlow, to diminish what we reformers consider to be the evils of the casualty out-patient system at that institution, by strictly cautioning each student who is admitted to the post of dresser not on any account to treat any patient on his own responsibility, and to regard himself merely as the mechanical agent of the qualified medical man who is present; also that there is a lay officer of the hospital constantly present in the casualty-rooms to see that these directions are carried out, and, if necessary, to prevent the charity from being used (or rather abused) by those well able to pay. As it was for bringing forward some cases treated by students before these regulations were thought of that I was subjected to some annoyance, a few years ago, I may be permitted to congratulate the profession on this tacit admission on the part of the hospital authorities that some change was needed in the former system, and to suggest to your correspondent that, after all, St. Bartholomew's is not quite so impenetrable to reasonable appeals as might be inferred from his letter.

Next, as to the London Hospital, I hardly think your correspondent has done justice to the very full discussion of the subject of out-patient reform which took place there in 1873-74. A committee of eighteen gentlemen, including among its members such well known names as Sir T. Fowell Buxton, Mr. (now Sir Edmund) Currie, Mr. Baring, M.P., Dr. Herbert Davies, Dr. Andrew Clark, and Mr. Jonathan Hutchinson, presented, in July 1874, as the result of their discussions, a very elaborate report, in which, after denying the existence at their hospital of any such evils as overcrowding of out-patient-rooms, deficient medical attendance, or improper issue of medicines or prescriptions by unqualified persons, they addressed themselves to the question whether there was any abuse by persons obtaining medicine and advice gratuitously who could afford to pay, and this evil they were obliged to admit did exist, but, in their opinion, to but a limited extent. The mode in which the committee set themselves to prove the "strictly limited" extent of this abuse was as follows. Taking the hospital statistics as they had hitherto been published, it appeared that between sixty thousand and seventy thousand out-patients were reported to be treated every year. From these, the committee subtracted twenty-five thousand patients who received a supply of medicine only, but appa-