

treatment, and medicines, this meeting resolves, that a Public Medical Service—such as that suggested in the JOURNAL of June 22nd, 1889—be formed, and that this service embrace those wage-earners who are making under 45s. per week per family, and single persons under 30s. per week. And that the medical practitioners, dental surgeons, chemists, and hospital managers are requested to bring about this hospital reform, and establish a Public Medical Service with as little delay as possible.

3. That having secured hospital co-operation, and having established a Public Medical Service, the members of this Association appoint a Committee, composed of two representatives elected by each Branch, and that this Committee draw up a series of rules for the formation and working of a provident system, whereby wage-earners receiving up to 45s. per week per family, and single persons 30s. per week, may, by making periodic payments during health and sickness, provide themselves, their wives, and children with efficient medical and surgical treatment, and medicines.

4. That the principle of a "wage limit" be adopted, and worked by friendly societies, tontines, and sick insurance companies; or that a "sliding scale" of payments be made to their medical practitioners, so that the present abuses may be rectified. This scale of payments to be drawn up by the Committee constituted as by Resolution 3. This meeting suggests that the minimum medical fee paid by such sick clubs shall be 6s. per annum, per member; that the person proposed for membership pay a fee of 3s. 6d. for the medical examination (whether admitted to membership or not) to the practitioner who so examines; that the sum of 1s. be paid for each certificate to the practitioner by the person who obtains it; and that the sum of 8d. be paid for each prescription dispensed. This meeting earnestly requests the various authorities of friendly societies, tontines, and sick insurance companies, to make provision for surgical and dental treatment, and to draw up a scale of fees for the same, so that they may not be depending on the medical charities for relief.

5. That this meeting, recognising the fact that there are a great number of beds in the Poor-law infirmaries (there being no less than 12,000 in 25 metropolitan Poor-law infirmaries), and many in the various fever hospitals at present unused for the clinical teaching of students, and giving due weight to the statement made in the Metropolitan Asylums Board Report of 1889, page 18, that: "Your Committee cannot fail to observe the large proportion of mistakes which are made in the diagnoses of cases of small-pox and fever," desire to express their regret that the Poor-law infirmaries and fever hospitals are not open for the clinical instruction of medical students, and hope that the various authorities will direct their attention to the removal of the present restrictions, so that the educational standard may be improved, it being essential to the health of cities and towns that medical practitioners may be able to recognise fever cases at the earliest possible period.

6. That the Council and JOURNAL of the Association help in every legitimate way to bring the above resolutions to a successful issue.

FRANCIS FOWKE,

General Secretary.

Thursday, July 11th.

CORRESPONDENCE.

POST-GRADUATE COURSES IN LONDON.

SIR,—Why is it that London has not its post-graduate college? New York has, and, I take it, a very successful one. Vienna and Berlin have their post-graduate clinics, attended by medical men from all parts of the world. Edinburgh for several years has had a post-graduate course, which has been very successful, being attended by medical men from all parts. Charing Cross Hospital gives a post-graduate course, but the syllabus shows that it is not at all exhaustive, and extends over too long a period for those not resident in London or neighbourhood. Your very interesting and instructive articles on "Medical Paris of To-day" show that post-graduates have splendid facilities for studying any special subject. What is wanted in London is a school or college where pathology—a subject not taught to the older generation of practitioners—gynecology, operative surgery and surgical anatomy, medical diagnosis and medical anatomy, dermatology, neurology, ophthalmology, would be taught as they are on the Continent, each subject being thoroughly gone into.

With the vast resources in clinical material at the London Hospital, I believe a trial made by the eminent staff attached, with some other gentlemen of high standing, would bring forward a large body of men who, like myself, feel the need of a "brushing up," and others who wish to qualify as gynecologists, dermatologists, etc. With short sessions of, say, four or five weeks, with daily lectures and demonstrations, I think success would be assured, as gentlemen of mature years and long standing attend such courses elsewhere.

All should be, but many are not, French and German scholars, and, therefore, cannot avail themselves of the Continental clinics, who would attend, however, such clinics in London if presided over by men of acknowledged eminence in their respective branches.

I trust this subject may be freely ventilated in your columns, and result in the formation of a London post-graduate college.—I am, etc.,

July 24th.

SCIENTIA.

MEDICAL DEFENCE.

SIR,—The statement of the honorary secretaries of the Medical Defence Union is lacking only in one point, but that is rather an essential one. They state the funds they have received and how much they have in hand, but they do not state what financial assistance they have given in any of the numerous cases of actions, criminal and civil, in which practitioners have been mulcted, to which they refer. It would be satisfactory to know to what extent they have given such financial assistance, and in what cases they have paid for the defence of any one practitioner, or have either contributed anything towards any of the subscription funds, or to any loss incurred by practitioners in consequence of such actions. If not, whom have they defended, and at what cost out of the funds in hand?—I am, etc.,

CIVIS.

ROYAL MEDICAL BENEVOLENT COLLEGE.

SIR,—It is only right to assume that the Royal Medical Benevolent College was founded from purely philanthropic motives, to alleviate the distress of the aged by granting pensions and to assist the widows of medical practitioners in the education of their sons. Several complaints have, however, been made to the committee of this association by the candidates for the benefits of the college of the hardships which they have had to endure and the expenses which they have been compelled to incur, owing to the present system of election by votes which is countenanced by the council and governors of the college.

Instituted, as no doubt they were, from the highest and purest motives, there is not the slightest doubt that the sixty-three voting charities of the metropolis, of which the Medical Benevolent College is one, do a far greater aggregate of harm than good. From a medical and surgical point of view the hardships imposed upon the needy, at the very time when charity ought to alleviate their distress, are indefensible and unkind. The subscribers to the college, when thinking only of the benefit to the few successful candidates, must be sadly forgetful of the injury done to the many who fail.

As a matter of minor importance, I venture to suggest that the relations of subscribers should have some very substantial advantage over other candidates accorded to them, so long as the medical profession—for it rests in their own hands—allow the present system of election to last. That profession is largely represented amongst the subscribers, not only of the Medical Benevolent College, but of all the voting charities of the metropolis, and this committee feels assured that if each of your readers would seriously reflect on the hardships of canvassing, with its accompanying expenses, disappointments, and personal injury to health, and would communicate his objections to the committees of the charities to which he subscribes, then the voting and canvassing system would soon be a thing of the past.

The medical profession is in itself powerful enough to bring about a change, and if they would seriously set to work to accomplish the task they would earn the lasting gratitude of the poor and of all who have the welfare of the poor at heart. The charities are obdurate. Persuasion on our part has been abandoned as useless, and we now appeal to the public, as an extreme measure, to insist upon an alteration in the method of election, or, failing that, to withdraw their support.—I am, etc.,

30, Charing Cross, S.W.,
July 27th.

J. A. Dow, Secretary,
Charity Voting Reform Association.

PILOCARPINE IN DEAFNESS.

IN the JOURNAL of July 20th, Mr. Woodhouse speaks of a recent "suggestion of Mr. Field's, that the hypodermic injection of pilocarpine was worth a trial in bad cases of deafness, especially where labyrinthine deafness was suspected."

I desire to say, that in my *Practitioner's Handbook on Diseases of the Ear*, is the following. "It is a question if we avail ourselves of the action of pilocarpine as frequently as we should. It is probably the most certain and powerful of all our drugs in cases suitable for its administration, where the reduction of vascular tension is our object, and in which we desire to check effusion, and control the tendency to extravasation. These are exactly the conditions in the earlier stages of Ménière's disease and other forms of vertigo in which labyrinthine effusions are threatened." I then proceed to give in detail the results of Professor Politzer's experience, from the time he first suggested pilocarpine in 1880

¹ *Wiener mediz. Blätter*, Nos. 4, 5, and 6, 1885.