'ROYAL MEDICAL CORPS" is suggested by "Brigade Surgeon" in place of "Royal Medical Staff," as in the recommendations of Lord Camperdown's Committee.

MEDICAL STAFF writes: The decision of the Committee on Rank and Title will naturally attract most attention. If the evidence given before the Committee pointed to all the conclusions on this subject, including the double title, why not publish it? Where are the large number of medical officers who would be displeased with a military title? Did not the famous analysis show that 80 per cent. desired substantive or honorary rank and titles? The dissent of the military members is probably the real cause for refusing military titles, because it would be displeasing to them. A warrant, framed on the report, will not be accepted as a final solution of medical grievances.

EXCHANGES.

A SURGEON-MAJOR draws attention to a recent circular in which great objection is taken to medical officers applying for an exchange after they have received orders of readiness for foreign service. It is understood it arose from an application of an officer to exchange when under orders for Egypt on what looked like active service. This naturally irritated the authorities. But, not content with promulgating the order, a local principal medical officer caps it with the following emphatic addition: "In future, exchanges (*sic*) will not be forwarded after the officers have received their orders." This is a practical prohibition of exchanges. Is the interpretation of this local functionary to supersede the regulations on exchanges?

EMPLOYMENT OF RETIRED MEDICAL OFFICERS.

P. H. writes that if the chief of the recommendations of the Committee are carried out, he does not think the Medical Staff should grumble; he points out the inconsistency and contradiction involved in deprecating the employment of retired officers while recommending that of civil surgeons. Can it be the object was to deter medical officers from retiring with the hope of obtaining employment?

*** We readily noted this inconsistency for editorial comment.

M.D. also points out the inconsistency of deprecating the employment of retired officers while recommending that of civilians. Why should one or other be employed to the prejudice of the active list? Or why should retired appointments be limited to home? Why not abroad, if men can be got to take them? He would also like to know how mobilisation in India is to be effected by calls upon the active lists only? Why should not a reserve of Indian medical officers be formed? When the strain and the inevitable breakdown comes, will the medical department be blamed?

AMBULANCE CLASSES.

A MEMBER wishes to know what is the best book for information (1), etc., on forming a St. John Ambulance class, and (2) to whom should application be made as to examination of members for certificates.

*** 1. *Shepherd's Handbook*. 2. Chief Secretary, St. John's Gate, Clerkenwell, London, E.C.

PROMOTION BY EXAMINATION OR MERIT?

LIABLE TO RECALL writes: You will doubtless be inundated with letters on the recommendation of the Committee; I write to point out that it is said preference in promotion should be given to those distinguished under specified conditions. Well, some of those passed over and forced to retire were qualified under these conditions, although declared unfit by an examination now wholly condemned. Is there to be no compensation for such unfortunates?

NAVAL RETIREMENT AT SIXTY-TWO.

A NAVAL MEDICAL OFFICER writes: The Committee represent the Naval Medical Service as apparently contented; but why should they not therefore have left well alone, instead of this proposal to retain Inspectors-General on the list till 62? The recommendation may be approved by some four officers, but is condemned by the other 396 naval medical officers. It will block promotion for some three years and a half straight off, and be even worse when younger men get into the rank. The proposal is not merely unpopular but unfair to all the senior officers now serving on the list.

PRECEDENCE IN THE *ARMY LIST*.

M.S. writes; The precedence assigned to the Medical Department among the departments in the *Army List* is not carried out in the lists of the staff of general officers at home and colonial stations; the principal medical officer is invariably and ignominiously placed last. This is a matter that should at once be rectified. The ignorant or pure civilian naturally thinks the medical must be the inferior of all the departments; perhaps this is the object in keeping up these paltry but damaging misplacements.

OLD ASSOCIATE writes: Can a Surgeon-Major and A.M.R.O. retain the latter if he resigns the former, with permission to retain rank and wear uniform?

*** We should think it would depend upon age and fitness.

RETIRED OFFICER writes: A deep debt of gratitude is due to you for great exertions on our behalf; it would be a great boon to retired medical officers if the recommendations of the Committee were applied retrospectively in defining the status of retired brigade surgeons and surgeons-major, of twenty years' service.

THE "JOURNAL" AND THE MEDICAL STAFF.

H. C. writes: Allow me to contribute my thanks to you for the great trouble you have taken on behalf of the medical staff; we are under a great debt of gratitude to you.

HOSPITAL AND DISPENSARY MANAGEMENT.

OUT-PATIENT HOSPITAL REFORM AND PROVIDENT DISPENSARIES.

SIR,—I have in the JOURNAL of August 3rd, p. 284, tried to lay my views before the profession as to the manner in which the out-patient departments of hospitals and of dispensaries should be reformed. Far be it, however, from me to suggest that all those "wage earners" who are making under 20s. per week should be encouraged to seek charitable aid. I would rather follow out the Manchester system, and, as they do there, suggest that the person so situated should be admitted at a lower rate of payment to the provident dispensary than is levied on well-to-do members. All charitable relief should be only temporary, not permanent.

As regards the proposed Public Medical Service I referred to in the JOURNAL of June 22nd, may I ask the Branches, when they are discussing the Resolutions as printed in the JOURNAL of August 3rd, p. 284, to give their opinion on two other points? First, as to whether we should fix a confinement fee; and secondly, as to whether we should fix a fee for "home" visits—of course giving doctors the power of refusing to make a "home" visit, that is, a visit to the patient's home, else we would not secure so good a class of doctors. If we can arrange a Public Medical Service for those wage-earners who are making up to 45s. per week per family, and give them medical, surgical, and dental treatment, and medicines from the chemist's, then perhaps it would be better to draw up a scale of fees for confinements and home visits, as has been done for vaccination. This seems to be a growing wish with members of our Association.

Now, as regards Provident Dispensaries, I am aware a great many doctors object to what is known as the provident dispensary. They do not, I think, object so much to the provident system as to its great abuse. A few who hold hospital appointments object to it because they see in it a reflection of their own actions, and think one charity is quite sufficient! Some who hold club appointments object to it for this reason: when a doctor contracts to treat a club patient for, say, 3s. or 4s. per annum, he generally hopes to secure the club patient's wife and family; he calculates on securing the confinement and vaccination fees, and also those due to illness of the children. I say nothing of such objections—in fact, I had rather not notice such issues, for it is so like the pot calling the kettle black when one hears a doctor who holds a provident dispensary or club lecturing one who is attached to a hospital.

Others, again, object because the rules of the provident system have been drawn up with an utter disregard as to whether the proposal rests on a sound financial basis. Remember I am not now speaking of a charity proposal. No tables of the rates of sickness seem to have been consulted. Little or no attention seems to have been given to the fact that the extremes of life are admitted on equal terms of payment with adults; in fact, infants are admitted at a lower rate of payment, although their average rate of sickness may be put down at fourteen days per annum, while the adult generally averages nine days. Even the industrial classes escaped this unpardonable blunder, and grasped the importance of an "age limit," for they admit only those between the ages of 18 to 50. Suppose the originators of our Medical Sickness Society had not secured the services of an eminent actuary, is it likely we should have adopted the proposal? Yet evidently the promoters of the provident dispensary scheme never thought of doing this, or, if they did, they have not acted up to it. Had they done so, it would have saved much subsequent trouble. However, this is only another proof of what I have elsewhere said of the fatal tendency we medical men have of trying to introduce the element of charitable aid even when we are dealing with well-to-do wage-earners. Again, the originators do not seem to have even fixed a rigid "wage limit," and with the result that the provident dispensary is now as grossly abused as are sick insurances and hospitals. Again, they made a rule which must prove deadly to any insurance scheme—namely, that a person, by paying what is known as the "sick entrance fee," had the power to demand immediate treatment. Fancy any insurance company giving imme-

diate benefits, and that, too, without a medical certificate! Therefore a great part of the failure of the provident scheme is due to this—that there is little or no use paying while well, as there is no difficulty in joining when sickness comes. Here the very essence of the insurance system is perfectly ignored, as this allows the wage-earner to join when ill, and to leave off paying when well. Take, again, another rule, which says: "Not more than four children of a family shall be charged for, all the others being free to benefits." What is the result of this? Dr. Stewart, of Manchester, has shown that fully 13 per cent. of provident (!) dispensary members are treated as free or charity cases; this, too, in a provident insurance. But perhaps this is what business men call "taking a number at a reduction!"

Again, there is no "sliding scale" for ages. All insurance companies have been very careful to take particular note of this, as it would be unreasonable to expect all ages to pay a similar amount. Our provident dispensary promoters evidently professed to take in old men, adults, infants, and chronic invalids; even persons suffering from acute illness are invited to join. As regards the remuneration of the medical staff, this is insultingly low. In the JOURNAL of January 18th, 1887, I published statistics of eighty-eight provident dispensaries. I found that the doctors were paid on an average a little over 6d. per visit. Dr. Stewart found it to be 4½d. Perhaps a wage-earner will say that this is amply sufficient; well, ask this working man if he is not paid from 6d. to 10d. per hour, and if he does not generally secure double wages if he work after 5.30 P.M.; yet he expects the skilled workman—one who has served an apprenticeship of some fifteen years, and who has expended from £600 to £800 on his education—not only to work at a lower wage than he does, but to go out perhaps on a winter night, to walk a mile or so, to prescribe for a patient, and then to walk home (for I do not think the wage-earner would allow him to take a cab at 5s.), and all for the magnificent fee of 4½d., medicines thrown in. Why, even the privy and cesspool cleaners are better paid. This is hardly good enough. If the working man says it is, then offer to give him 4½d. for every time you are called out at night, knocking him up and making him go with you. He will then see the absurdity of his argument. For my part, I cannot see why some men sitting in their snug study have drawn up a scheme which gives a doctor 4d. for a night visit, and I cannot understand why they try to cram so degrading and so very offensive a proposal down our throats; for rather than pay a night visit for these four coppers to a class of the community who consider themselves many grades above paupers, who do not advance the plea of poverty, and who would feel insulted if we told them they were in reality charity cases, I would rather go out for nothing, treating them as charity cases, than give them the power of even pretending they were paying me for my services. And so I hold that the doctor who goes out for such a fee is prostituting himself, and is degrading his profession. If his wife and children are starving, he should make some other start in life; or if he is treating these well-to-do people for this sum, so as to starve out a neighbouring practitioner, he may be doing a sharp business trick, but I question the morality of his conduct. Yet what are we to do? At 72 London hospitals the doctors are paid at the rate of 6¾d. per patient, not per visit. All one can say is "God help us," for with our many quotations from sacred scripture, we are as villainous and cut-throat a body of men as ever pretended to be so exalted and philanthropic. It was very fine, no doubt, to listen to the Bishop of Ripon preach as he did, but for my part I still hold my own ideas of those doctors who, under the guise of doing good, secretly take the life's bread from their "brother," and so make many a doctor's home hungry and sad. We do not wish to restrain, but to guide, charity.

Scarcely any provident dispensary has troubled itself with drawing up a scale of surgical fees. Perhaps these are included in the 4d.! The Shipston-on-Stour is the only one which has tried to grapple with this point. Again, no dental tariff seems to have been drawn up. Perhaps the scale to be suggested for the Public Medical Service would do. Another step in the downward direction is the rule which appoints midwives; thereby granting that they are as good as doctors.

I am, however, a firm believer in the provident system. It is the one suited to the financial condition of wage-earners of limited means. It can, and should be, placed on a firm financial basis. And first I would say that the provident system cannot be self-supporting, whatever theorists may say to the contrary. Why, even the Forester's Society has 13,971 honorary members, and look what they make from fines and lapsed membership. Practical Germany has recognised this plain fact. There they have compulsory insurance against sickness, accident, and old age for the wage-earning classes, and the employer has to pay one-third opposite the two-thirds paid by the *employé*. The rent and taxes of a provident dispensary, cost of coal and gas, printing and stationery, drugs, wages of collector and dispenser, should be defrayed out of an honorary subscription list. Some have such a list, but it is not sufficient, for I notice that although 88 dispensaries have an income of £52,252 from members' payments, still the medical staff receives only £34,989. The doctors, therefore, lose £17,262 by this unbusiness like transaction, this money going to pay for the requirements of the members, that is, the fee has to pay besides the visit, the collector and dispenser, printing, coal, and gas for the members.

One more point must be noted. If we charge at the rate of 1s. per man and wife, sixpence for each member of a family (taking four as an average), and allow six bottles of medicine at 2d. per bottle, this will put a cost of 42s. per annum on each family, or 7s. per member per annum, a not too large sum when we consider the great advantages offered.

I have called attention to a few of the most glaring faults of the present provident system so as to show the great amount of work required. For my part, I wish the Council of our Association would spend £50 in obtaining the opinion of a skilled actuary so as to find out the true working basis for a provident scheme. The Council has done a good work for science. May we ask them to do a little for the general practitioner? I am certain we have only to approach the Council in a friendly spirit, and present our petition to them. All of them have the interest of the members at heart, and I am fully persuaded that before another year is over our Council will not only have drawn up a scheme which will, if worked, guide and direct true charity in its proper channel, but which will, with the co-operation of the Branches, develop a scheme by which the industrial classes of this country will have the power of providing themselves with a very efficient Medical Service.

One thing we must have, and that is, hospital co-operation. No one can point to a provident dispensary having succeeded when it has had to compete with a neighbouring free hospital. But I think those doctors acting on hospital staffs are willing to help. The present condition of affairs is a disgrace to us all, and the sooner we get rid of it the better. I do not wish to be a prophet of evil, but I have no hesitation in saying that the epitaph of a provident system will be, if it do not secure hearty and genuine co-operation, "it died because it had not the good wishes and active encouragement of our brethren on the hospital staffs."

Mr. Ernest Hart, speaking at the Leeds meeting of the British Medical Association, said he hoped the Branches would at once call meetings to discuss the Resolutions, and that he would give as much space as possible for a report of discussions. It now remains to be seen whether the members will shake off their—almost proverbial—apathy, and tackle this question of hospital and dispensary reform. If they do not care to help themselves, they must not expect to be spoonfed. The Council is waiting for their reports.

We should all feel thankful to Mr. T. Holmes, Sir Spencer Wells, and others, for their dogged perseverance in this provident proposal. Will anyone say that, had they secured the hospital co-operation for which they have fought for over twenty years, we should not now have a well-directed service? But what provident scheme could carry on a healthful and vigorous life when it has to compete against the demoralising and baneful influences produced by indiscriminate and ill-guided charity?—I am, etc.,

Liverpool. ROBERT R. RENTOUL, M.D.

EYE, EAR, AND THROAT HOSPITAL, CORK.

THE nineteenth annual report shows a large increase in the work done by this hospital. During the year 3,922 patients were attended to, of whom 316 were admitted as intern patients. The financial statement shows an increase in the annual subscriptions, but not at all in proportion to the increase of the demands upon the resources of the hospital. The alterations and additions to the hospital, rendered absolutely necessary from overcrowding, etc., and commenced last year, have been, in a great measure, carried out; and the sanitary arrangements, which were found to be extremely inadequate, have been thoroughly overhauled. The outlay for these absolutely necessary works has been considerable, and a small debt has been incurred, which we trust the public will soon enable the committee to clear off.

THE FORTY-THIRD REPORT OF THE COMMISSIONERS IN LUNACY.

In the issue of the JOURNAL of August 10th we briefly referred to some of the statistics in this report, and we alluded to the increase in the number of lunatics of all classes, comparing it with that of other years. The total increase, as compared with 1,752 of the previous year, numbers 1,697, of which 1,461 are of the pauper class, 175 of the private class, and 61 criminals.

There are some points with regard to this increase which we wish to refer to, as well as some other matters of importance that require further consideration. With reference to the increase among private patients—which numbers 175 and stands against a decrease of 2 in the total number in the previous year—it is important to notice that it is the largest increase since 1883, and it is worth while to compare it with the figures of the previous year as affecting the different kind of asylums in which it occurred. For instance, in the previous year the increase of private lunatics in county and borough asylums was only 10, last year it was 66; on the other hand, in the registered hospitals it was 83, compared with 169 the year before, whilst the last year's increase of 14 in the licensed houses stands against an actual decrease of 179 in the year before. The latter point is remarkable, and may to some extent be accounted for, as the Commissioners suggest, by those remaining under care in idiot asylums, which "represent, probably, cases never previously brought under supervision." However this may be, the fact remains that a considerable portion of the public still prefer the private to the public asylums, and this can possibly be accounted for by the more intimate domestic relationship which exists between the doctor and the patient and the patient's friends in many of these institutions. Again, the subsidence of the agitation with reference to them may have had something to do with checking the exodus of patients which undoubtedly took place under its influence. The increase of criminal lunatics is accounted for by the removal of cases from Woking Prison to Broadmoor. The increase among paupers is below that of the previous year, and does not call for special remark.

We note with approval that an increased number of persons "not quite sane" have sought and obtained admission into registered hospitals as voluntary boarders, and we rejoice to think that as it becomes more generally known among the public patients can be so admitted, there will be a larger increase in the number of those who will avail themselves of the power to place themselves under treatment before more grave symptoms are allowed to develop, with the greater prospect of ultimate recovery, and also avoiding the stigma which attaches to certification.

We quite agree with the Commissioners that, owing to the unsettled state of the lunacy laws, and, consequently, the unwillingness of medical men to certify, there has been a tendency to increase the number of uncertified lunatics "in illegal charge," who would otherwise have swelled the number of private patients, and also added to the increase of 1,697 above referred to. This increase raises the ratio from 28.87 to 29.07 insane persons per 10,000 of the population, or an advance of 0.20 over the preceding year.

With regard to causation, we find "hereditary influence ascertained" heads the list with a percentage of 20.5; next comes "previous attacks" with 16.6, and then "intemperance in drink," 13.4. About the latter cause we have long been somewhat sceptical, holding that, in many cases, great care is necessary in coming to a definite conclusion as to whether the intemperance may be the effect and not the cause of the insanity.

There are 23 suicides recorded, of which 16 were in county and borough asylums, but none in either a provincial or metropolitan licenced house. No suicide occurred in an "observation dormitory;" one, however, occurred in a single room, where the patient was placed for excitement by an attendant; we trust this patient was so placed by medical authority. In the cases of suffocation in an epileptic fit only one case happened in an observation dormitory, but 3 occurred in asylums where they were crowded out of the observation dormitories.

Patients to the number of 4,815 were discharged recovered, as against 4,545 so discharged in the previous year. the percentage of the recoveries on the number of admissions being 38.71. It would appear that 5,113 patients have died, and in 3,875 instances *post-mortem* examinations have been made. The Commissioners very properly continue to insist upon the importance of having a *post-mortem* examination made, if possible, upon every case, and if argument were needed in favour of it we need only point to the cases given in this report, wherein severe injuries were discovered in the *post-mortem* room which were not suspected to exist during life. These are by no means rare, and owing to the nature of the cases under treatment are bound to occur from time to time.

Commenting upon the erection of a fourth asylum at Claybury in Essex for the county of Middlesex for 2,000 patients, which is estimated to cost £305,000, the Commissioners make the following remarks, which we consider especially worthy of attention at the present time:—"Unless the medical staff is ample and the organisation in such large asylums is very complete it becomes a matter of serious consideration how far the patients can receive the individual attention so necessary for their recovery. In none of our public asylums is the medical staff at present too strong; in many it would be an advantage if it were strengthened with the view of further advancing clinical observation and promoting pathological investigation." We heartily echo every word of this, and we think the remedy is clearly indicated by providing small detached lunatic asylum hospitals for the reception of the acute and recent cases more on the lines of general hospitals, fitted with every appliance that science can suggest, and with an ample staff of physicians and surgeons, so that every case admitted into them can be subjected to a more critical medical examination than we believe to be possible in the present state of things. The medical staff of each of our asylums is hampered with too much of the routine work of administration.

There are 442 single patients returned as registered on January 1st last, that is, patients who are certified, but living separately in private houses. We approve of the clause in the Lunacy Amendment Act which will permit one or more patients being received into a private house under special conditions. With regard to "restraint and seclusion," mechanical restraint seems to have especially occupied the attention of the Commissioners. They state their belief that there will always exist some cases in which it will be necessary for surgical and special reasons, but condemn it in any form where it is employed with a view to mere economy. We think no hard-and-fast line can be laid down with regard to it; that "Conollyism" must never be the one law to be insisted upon, but that the medical superintendent of the asylum should have full discretion. It is a matter for regret that in several instances the Commissioners have omitted to give the number of persons secluded, the number of times, and the duration of each seclusion, and in some others have even omitted all mention of this "statutory inquiry." In one asylum they say "seclusion has not been resorted to since the last visit, but we observed several patients kept in single rooms by nurses placed at the shut door to prevent egress." The "open-door system," as it is called, is carried out in a similar manner, that is, the doors are unlocked, and "nurses placed at the shut doors to prevent egress."

By the death of Mr. Charles Spencer Perceval, and the resignation of Dr. Rhys Williams, the Commissioners have lost two valuable colleagues.

The Commission, with the approval of the Lord Chancellor, appointed Mr. Harold Urmson to succeed Mr. Perceval, and the Lord Chancellor appointed Dr. Clifford Allbutt to succeed Dr. Rhys Williams.

PROPOSED PUBLIC MEDICAL SERVICE.

L.R.C.P.LOND. writes: One important point seems to have been overlooked in the discussion anent the proposed Public Medical Service, and that is, the utter inability of the medical officers of the various friendly societies to prevent persons in receipt of good incomes from participating in the sick benefits of these clubs. In this town, for instance, which is essentially a working men's town (having been once described by Lord Beaconsfield as "a town of slated cottages") there are many who to my knowledge have joined one or other lodge when young and struggling men, and now having risen to a fair competence by sheer hard work, still continue their contributions to the club, and when ill call in the club doctor. Should he refuse to attend without further remuneration, he would be instantly dismissed by the lodge, and another appointed in his stead, most probably a stranger, who would take not only the club, but would of course also add one more to the list of general practitioners practising in the town. It must be remembered that these lodges and courts are legally constituted societies, which manage their own affairs, and would most certainly resent any interference or attempt to dictate, on the part of their medical officer.

In the present overcrowded condition of the profession it is sheer folly to suppose that men (well qualified in every way) cannot be found to accept these posts, and I have myself known of instances where from one to two hundred applications have been received from all parts of the country, for one of such appointments.

Reform the out-patient department of the hospitals by all means, for such institutions only serve to pauperise the recipients of their charity, but to start a crusade against the existing registered provident clubs and lodges, must surely prove a fruitless task.

There can be no doubt whatever that the facilities for entering the profes-

sion are such that if something be not shortly done to raise the standard of the qualifying examinations of the lesser Boards (preferably by a State examination, which everyone should pass before his name can be placed upon the *Register*), the profession of medicine must, to quote the words of one of your correspondents, "soon be reduced to the status of costermongers and labourers."

DR. HUGH WOODS (Highgate) writes: The use of the hospitals by people for whom they were never intended, by people whose means and position render hospital aid unnecessary and undesirable, can only be prevented by fixing a definite wage limit, to which an inflexible adherence shall be exacted. The hardship caused by an absolute rule of this kind would be so small that it might safely be neglected; whereas an uncertain and variable standard such as those at present in use, for example, the style of dress, and the like, causes serious friction, annoyance, and unfairness, and is, in fact, worse than what it seeks to remedy. Whether the wage limit should be the same in all hospitals is a question for serious consideration. It certainly should vary as little as possible, and not at all without solid grounds. The wage limit should allow all genuine cases to receive gratuitous treatment. It is far better to place the wage limit pretty high, and adhere to it absolutely, than to leave the admission or rejection of patients to the humours of an inspector. The uselessness of some existing systems of checking abuse is palpable. I think no one will say, for instance, that the abuse of the out-patient department at St. Bartholomew's Hospital is at all efficiently checked, although they have a regular system for the purpose. At some of the hospitals it is customary for the inspector to charge apparently good-class patients such fee as he judges right. Is not such a state of affairs on the face of it very wrong? I need not point out its harmful results.

If the hospital managers are really in earnest in wishing to check the influx of well-to-do patients, they must adopt methods worthy of men of business with some knowledge of the world. I cannot conceive any commonsense objection to making absolute rule excluding persons with incomes over a fixed limit, placed at a generously high amount, so as to prevent all real hardship. The hospital managers will surely be capable of devising methods to enforce such a limit. It can be done effectively by requiring a distinct declaration as to income on admission to hospital, and if such declaration is shown by subsequent inquiry to be false, prosecuting the person obtaining charitable aid by fraud. There is no worse dishonesty than that which steals from the poor, and why should it go unpunished. Of course immediate assistance should always be given in urgent cases without inquiry either as to income, or as to religious belief.

The proposed Public Medical Service will, I hope, be so established as to afford medical aid to those who, while able to pay for such assistance, can afford only fees calculated on the narrowest scale. In establishing such a service, care must be taken that in regarding the wants and interests of the large towns, the necessities of country districts may not be neglected.

In many country districts the help derived from hospitals may be almost neglected, and we have only the help of Poor-law medical system to consider. Now, in country places there is undoubtedly a large class of poor who are, however, by no means paupers, for whom a proper system of cheap medical help is greatly needed. It is a pity to know that while there are far too many men in the medical profession for the work to be done, still at the same time there are vast numbers of persons who are unable to obtain at all a fit amount of medical attendance.

I think that a well-devised medical service on self-supporting principles might remove this lamentable state of affairs, and do a lasting benefit to public health. I think it probable that the rules which ought to guide such a service in large towns might require important modifications when applied to country districts. A rigid uniformity would not be necessary to maintain unity of system.

Dr. Rentoul's scheme for relief of out-patients might probably be well combined, from the first, with a suitable provident system which would supply medical assistance at the homes of those contributing. The provident system, if properly managed, seems the best way of providing home attendance on the sick poor. The payments should be such as are fair, both to the poor and to the doctors. It is past all question that too great cheapening of medical services is very injurious to the public.

The great desirability of a Public Medical Service of a complete kind, intended for the help of the poor, who are not paupers, and restricted to them, is evident to anyone who carefully considers the present relations of the public and the medical profession. Such service should be completely self-supporting, and independent of charity. A wise co-operation will enable cheap medical aid of a high character to be afforded to the poor, without lowering the remuneration of the doctors to such a degree as to make it impossible for them to earn an honourable subsistence, at the same time that they do their duty to their patients.

HOSPITAL ABUSE.

DR. COTTENHAM FARMER (Gray's Inn Road) writes: As a sample of the absolute disregard of the ordinary rules of medical etiquette as shown by hospital surgeons, let me produce this as an example: The manager of a large drapery establishment, a private patient of my own, with good salary, has two children. The elder child meets with an accident, running a needle into the sole of its foot. Pain and inflammatory symptoms are set up, but the presence of pus was somewhat doubtful upon her last visit, and I considered rest and pressure properly indicated.

This morning the servant comes into my surgery to say the child had been taken to Great Ormond Street Hospital, and they would like to see the needle. I need not say the needle was not forthcoming, and I consider such conduct disgraceful on the part of any medical institution.

RESORCIN IN ECZEMA.—Dr. Unna strongly recommends in the treatment of seborrhœal eczema the application of linen cloths soaked in solution of resorcin. His formula is resorcin and glycerine of each 10, alcohol 180, mixed and diluted with four parts of water. In eczema with much secretion he applies a thin layer of cotton wadding soaked in the solution, which is then covered with some waterproof material, and kept in position with a bandage.

OBITUARY.

SAMUEL OSBORNE HABERSHON, M.D.LOND., F.R.C.P.

THE death of Dr. Habershon, of which we gave a brief notice in a recent number of the JOURNAL, has deprived the upper ranks of the medical profession in London of a most distinguished and valued member. He is the third physician, having at one time been on the staff of Guy's Hospital Medical School, who has died during the present year, the two others being Dr. L. Wooldridge and Dr. Owen Rees.

Dr. Habershon was born at Rotherham, Yorkshire, in 1825, and was nearly 64 years of age at the time of his death. He was educated at Brampton, near Watt, and at Ongar, Essex. In 1840 he became a pupil of the late Mr. Ebenezer Pye-Smith, of Billiter Square, City, who had the singular good fortune to send to Guy's Hospital four students who afterwards became physicians to that institution—namely, Drs. Habershon, F. W. Pavy, P. H. Pye-Smith, and J. J. Phillips. In that same year Dr. Habershon went to Guy's Hospital, where he heard Dr. Addison give the introductory lecture. As a student, both at the hospital and at the University of London, at which young Habershon shortly matriculated, he gained many very valuable prizes, amongst them three gold medals and two exhibitions at the First M.B. Examination in 1846, and two gold medals and a scholarship at the Second M.B. Examination in 1848. He took the M.D. degree in 1851. In 1849 he was appointed demonstrator of anatomy and tutor at Guy's Hospital, and subsequently lectured on comparative anatomy (two years); morbid anatomy and pathology (three years), during which time also he was curator of the museum; materia medica and therapeutics (seventeen years); and the theory and practice of medicine (four years). In 1854 he became assistant physician to the hospital, in 1866 was appointed physician, and resigned this latter post in 1880, being at that time senior physician. It may be remembered that the late Mr. Cooper Forster, who was then senior surgeon, also resigned his appointment, and that these resignations were the outcome of the unfortunate differences which at that time existed between the treasurer and the physicians and surgeons respecting the nursing of the patients in the hospital.

Besides his position in the Borough Hospital, Dr. Habershon held many other appointments. He became M.R.C.P. in 1851 and F.R.C.P. in 1856; was appointed examiner in materia medica to the College of Physicians in 1869; censor in 1874-5; examiner in medicine, 1876-7; Lumleian lecturer, 1876; member of the Council, 1877-8-9; Harveian orator, 1883; senior censor, 1885; and vice-president, 1887. He was for many years physician to the Star Life Assurance Office; he gave the Hunterian oration at the Medical Society of London in 1863, and the Lettsomian lectures before the same Society in 1872, and was, in the following year, elected as its president. He was also president of the Metropolitan Counties Branch of the British Medical Association in 1880.

But, not content with these labours, Dr. Habershon was a voluminous writer. His chief work was that on Diseases of the Abdodomen, Stomach, etc., the first edition of which appeared in 1857, and the fourth edition only last year, 1888. Another book, devoted to Diseases of the Stomach, has passed through three editions; and a third, on the Pathology of the Pneumogastric Nerve, the subject of his Lumleian Lectures in 1876, was translated into Italian in 1879. In twenty consecutive numbers of the *Guy's Hospital Reports* he published no less than twenty-eight papers on various subjects, in which he gave the fruits of his widely-extended experience in the wards and *post-mortem* room. He published other papers also in the weekly medical journals and the *Medico-Chirurgical Transactions*. He had formerly, when in the dissecting-room, made many most careful dissections of the pneumogastric nerve, and had thereby had his attention particularly drawn to the intimate connections existing between the various organs supplied by it. This knowledge formed the basis of much of his future interest in, and insight into, diseases of the stomach and neighbouring organs. He for many years enjoyed a high reputation in this and other countries as an authority in such diseases, and had an extensive consulting practice.

But Dr. Habershon was something more than a physician of the body. Being from his youth, and while still a student at Guy's, a zealous Christian, he devoted himself to religious and philanthropic work of all kinds, especially amongst Nonconformists; and for years conducted a Sunday evening service amongst the poor in the