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Notes

By H. Manley, M.D., D.P.H.


By H. Manley, M.D., D.P.H.

Gentlemen,—The honour which you have conferred upon me in electing me President of this important Branch of our Association is one which I value highly indeed. I look back upon the roll of my predecessors, most of whom were numbered among my father’s personal friends, and I feel proud that I should occupy the same chair as they did. I will endeavour to discharge the duties of my office to your satisfaction.

This honour does not all belong to the individual, for I feel a peculiar pleasure in the fact that I am the first representative of the whole-time medical officers of health who has filled the chair of the Birmingham Branch. However much it may seem that the tendency of the sanitary service is to find itself in conflict with the interests of the larger body of men engaged in general practice, notwithstanding the unfortunate attitude taken up by the Journal of the Association upon this subject, it is extremely gratifying to find that it is possible for a member of the service to be elected to preside over one of our most powerful Branches, and to be associated with the government of the Association at a time when the relations of official life and general practice are so much under discussion.

I think it must be felt by all of you that there is a crisis approaching in the position of the ordinary practitioner of medicine; he is about to attack from many enemies both within and without the profession; he is shamelessly exploited by public men who ought to know better, and who, while ever ready to proclaim the noble and disinterested work of medical men, are singularly slow to provide them with the means of a livelihood, or even a moderate return for the time, money, and ability expended upon a laborious and ever-increasing period of medical education.

The: suggestion of some form of a State medical service is neither new nor original; so long ago as 1856 that distinguished statistician, Dr. Rumsey, called attention to the need for some similar combination of offices to that which is now seriously proposed.

At that far distant period he had before him only one possible focus or base of operations—the Poor Law Medical Service. To that he proposed to affiliate certain officers, some not yet in being, which appeared to him to be necessary for the better administration of local government. Among these were the medical officer of health (then in embryo), the superintendent registrars (now lost to the profession), the medical jurors or coroner’s assessor (still to be invented), analyst and public vaccinator, and with these certain ill-defined duties in connexion with hospitals, asylums, and lunaticks.

In those days preventive medicine was a dream of the new. The Health. The Health, whose reports show a wider range of vision than is generally credited to them, speak of the health and comfort of the people, and at the same time cynics were defining medical men as “quacks who poured drugs of which they knew little into bodies of which they knew less”; “paid to tell idle stories in the chamber of a sick man until he is either cured by Nature or killed by remedies.”

To-day the recent issue of the Report of the Poor Law Commission has furnished me with an opportunity of discussing the grievous disabilities under which we are labouring as a profession, many of which have been amply noticed by the Commissioners, and of laying before you the remedies suggested by the Commissioners for what is to them a national evil and to us a source of continuous annoyance and injustice.

Never has there been a moment in our professional history when there was greater need or greater opportunity for the general medical practitioners of this country to decide for themselves what is to be done for them, and then to take united action to induce—I had almost said to compel—the great departments of the State to recognize and to protect a body of its most highly trained citizens, who are indispensable to its welfare, and who receive a very scanty return either in cash or courtesy for the services rendered to the public and to the Government.

Union is what we most desire; in the Association we are at the present time face to face with unfortunate dissensions over matters of internal policy, but the enemy is at the gate, and we need our full fighting strength for the protection of our professional future.

The want of union amongst us is notorious, and even when one of us is called to share in the government of the country, his appointment is received with suspicion and distrust. The reason is not far to seek. Until we have been able to set our house in order and to cleanse our ranks from the dishonest practitioner, until we have succeeded in producing a generation with an elementary knowledge of medical ethics, we shall have difficulty in bringing home conviction to the minds of the laity.

It is hardly necessary for me to labour to you the grievances of the general practitioner, but the report

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* Delivered at the annual meeting of the Birmingham Branch, June 17th, 1909.
of the Commission has gone so deeply into them that I must briefly recall them to your minds.

The past history of the Poor Law service is known to most of you. The work of Dr. Rogers, which culminated in the fixing of the basis of the Poor Law in 1834, has gone into history. But fixity is still denied to the Scottish Poor Law officers and to a large number of the auxiliaries in this kingdom. For a moment I must burden you with the statistics of the service. There are in England and Wales 3,713 district medical officers, who in one year attended 216,022 cases, in addition to those who also were in receipt of regular parish pay, and to the inmates of the poor-law infirmaries.

It is estimated that this relief cost about £500,000. It must not, however, be supposed that this half-million of money in any way represents the net income of the district medical officers. It is notorious that the less they receive their salaries are quite disproportionate to the work required or to the expenses incurred in covering the area. There are in England and Wales 650 boards of guardians, and to each board there are about six district medical officers whose districts vary in character and population, and who have to find their own drugs, dispensers, dressings, and bandages. In the original scheme it was provided that the district medical officer should receive extra fees for instrumental midwifery and for certain operations as for assistance—for example, in giving an anaesthetic—but he rarely gets paid.

Dr. Downes, the Medical Inspector of the Local Government Board under the Poor Law, says: "It is undeniable that the majority of the medical officers in this country, both in and out, are paid salaries miserably inadequate."

The report states that "many of the district medical officers declare that they do not receive more than fourpence or sixpence per visit." There is no reason to doubt the accuracy of this statement, and the Commissioners have believed and recorded it.

The original General Consolidated Orders of 1847 fixed a maximum of area and population for each district, but unfortunately left the central authority discretionery power to make exceptions on the application of the local authorities. "The exceptions allowed by the central authority are fairly numerous": so runs the report, and it is unfortunate that the number is not given. For instance, the area in the district of West Bromwich, which was in 1847, although the limit of the population has been exceeded by more than forty years.

The central authority also gives permission to avoid the payment of extra fees, especially to the unless, of whom, the medical officer has to pay for his own anaesthetist, or then to himself on the mercy of his brother practitioners, who are ever ready to hasten to the assistance of a colleague in difficulties. There is really no excuse for their refusal, which amounts to a dishonesty of the Poor Law service. It is a singular fact that members of a board of guardians seldom see any harm in thus defrauding a medical man of money which he has fairly earned.

On this question of remuneration the Commissioners say:

"The competition of the medical men themselves and their want of cohesion in the matter of any attempt to raise their salaries have, we are told, both tended to prevent any remuneration being fixed for the various grades of medical officers employed; this is a detail which, we believe, can be safely left to the judgment of the new authorities which we propose to set up."

Gentlemen, our colleagues will derive no comfort from such a remark as this. The Commissioners are well informed; they admit the gross abuse at present existing, but they recognize that these drawbacks are systematically evaded. Yet they shrug their shoulders and do not propose even to enforce the very moderate regulations which have been abrogated under the discretion given to the central authority. It is for us to see that under a new name we do not find ourselves face to face with a perpetuation of an old injustice.

It is, I fear, only too true that we suffer from the unfair competition of our own colleagues. There are men ever ready to cut our ground. My poverty and not my will consents; there will always be public bodies to reply: I pay thy poverty and not thy will.

And meanwhile the Local Government Board continues to wink at these abuses, and also at the bribery, by giving collateral appointments, when the whole question could be settled by a few firm circulars issued from Whitehall. See especially the case of Edmonton (McVail, p. 119).

To these very practical drawbacks another may be added in the petty tyranny exercised by the relieving officer, and the utterly futile way in which orders for medical relief are distributed. The abuses of the Irish Poor Law system are well known, but England in places is little better; in one union in the Western Midlands the blank orders are left by the officer at the shops in a village; in nearly all no thought is given to the hours or the convenience of the doctor; notes are marked urgent which relate to chronic cases, and if the unlucky doctor does not attend, he runs the risk of being haled before the coroner, bullied by the jury, reported to the board of guardians, and pilloried in the papers, usually without a shade of justice, in giving an anaesthetic—but he rarely gets paid.

Not the least factor in perpetuating this abominable system is the entire freedom from supervision which distinguishes the Poor Law Medical Service. The figures for England and Wales are still fresh in your memories. There are only two medical inspectors of the Local Government Board; of these, the senior confines his energies almost entirely to London, and the junior does what he can in the provinces, being expected to visit about 80 infirmaries in a year out of 800. Neither of them has any interest in or control over outdoor medical relief, nor does anybody else.

It is wonderful, under all these circumstances, that the work has been done as well as it has, but the profession has not without a struggle escaped the censure of the Commission, and, to be candid, it is not right that the facts should be concealed.

The report says:

"Outdoor medical relief begins and ends with a bottle of medicine and in the twentieth century we have ceased to believe in the bottle of medicine." "It is not regarded as any part of the duty of a District M.O. to take any steps to prevent disease either in the way of recurrence in the same patient or in its spread to other persons."

In plain English a great part of this half-million of money is spent in providing the poor with bottles of medicine—a dark medicine with a strong taste preferably of peppermint. Burnt sugar, peppermint water, chlorodyne, cough mixtures constitute the stock in trade of the average Poor Law dispenser. As the local medical humorist wrote: "You just tell the medicines by the corks: if the cork's black you know it's the iron tonic, and if it's stained brown with a crust on it, it's the rhubarb and soda, and if it isn't any colour at all it's the salts and quassia. The pot. nit. you can tell by the taste, and the asefoetida and bromide by the smell. And that's all except the cough mixture which smells like rogue. It's only fools who want prescription books." Truly. "Populus vult decipi et decipitur."

So much for our disabilities in the service of the Poor Law. But the Commissioners have not stopped here; they have with great wisdom taken into account all the agencies through which medical relief is given either gratuitously or at less than a standard rate of fees. In this purview they have included the conditions of contract practice, which are as the Consolidated Orders, assimilated in its defects to the conditions above mentioned; they have not lost sight of the effects of the competition of sanitary authorities, who have practically monopolized the treatment of the chief infectious diseases; they are cognizant of the ever-growing
tendency to make phthisis an institutional disease; the increased power and exalted status of the midwife has not escaped them; and finally they have considered these institutions which exist upon charity, and under the names of hospitals, general and special, nursing homes, residential and district, medical missions, etc., deprive the humbler members of the profession of their legitimate fees and offer to the public a more or less unskilled and inefficient service which tends to degrade and demoralize its recipients.

Even so the list is far from complete. We are threatened with the school clinic, by which the treatment of all children attending elementary schools will be placed in the hands of the education authorities, under the direction of the medical officer of health. I am not surprised that the Editor of the British Medical Journal writes scoffingly of "the coming apotheosis of the M.O.H."; but I hope to show you that there is another side to the question.

I have purposely omitted from the above list provident dispensaries, and these must now occupy our attention. The provident organizations of the kingdom must be taken to include not only the provident dispensaries proper, but should embrace institutions to which payments are made by the working classes under the heading of "Hospital Saturday," and the like.

The majority of the Commissioners have given very serious consideration to this large provident body, and have seen in it the nucleus of a combination which shall embrace all, or nearly all, the competing and overlapping agencies for medical relief at present in operation.

Before entering upon a definite series of recommendations the Commissioners point out certain cardinal defects which they desire to remedy and certain objections which they feel to the alternative schemes which they have discussed.

1. The Commissioners are agreed on the necessity of reform in the administration of the Poor Law; in relief, both indoor, outdoor, and medical; in the arrangement of institutions, and in the attempt to better the home conditions of the poor.

2. The lines of difference are as follows:
   1. The sort of authority which shall replace the present boards of guardians who are to be abolished.
   2. The basis upon which the reformed Poor Law Medical Service shall be constructed; so as to prevent waste, diminish overlapping, and secure efficiency in treatment by a better class of Poor Law medical officer.

3. The best methods of preventing the abuse of the system selected by Parties.

The proposal of the majority is to substitute for the present Poor Law units a combined committee of a county council, partly elective and partly co-opted, which should organize on the basis of a provident dispensary model the existing agencies for medical and nursing aid within its area.

To ensure the presence of experts the local Branches of the British Medical Association were to be invited to elect representatives on the committee. The Report states: "We cannot conceive that any medical institution could be efficiently managed by a committee who had at hand no medical experience except that of the actual medical officers responsible for the various arrangements which it was the duty of the committee to direct, control, and criticize.

Evidently the Commissioners have observed many things which are not to be set down in plain English.

In organizing this system on a "provident basis," they lay stress on two main points:

1. Power to compel payment from those who are able to pay.

2. That although for State reasons treatment must precede investigation, strict investigation must sooner or later be made into every case "to prevent the well-to-do from abusing the system of medical assistance."

Thus they propose to combine into one vast provident dispensary all existing contributions, and they find themselves face to face with the struggle now taking place between the medical profession and the friendly societies. It is to remedy this abuse that they propose that "The British Medical Association

be requested to suggest a general scale of fees and wage limit to be applied as local circumstances may suggest."

And would, of course, be premature to discuss the difficulties of such a scheme, and of assigning to each doctor proportionate remuneration for the work done. No suggestion is offered as to the principle of payment. At present, however, area and population is considered; there is a considerable danger that under the proposed general provident dispensary many of the present disabilities of the profession will be perpetuated, and that in return for a guaranteed sum in fees the dispensary medical officer will find himself as much as ever at the beck and call of a large and more exacting set of tyrants than under the present system.

In Birmingham we are in an exceptionally favourable position for forming an opinion on dispensary schemes on a gigantic scale. The recently established dispensary, with its 50 per cent. of medical control and its invitation to all medical men to come in, will afford those who are keen on reform a fine object lesson. It is perhaps not a bad thing that those men whose practices are most affected have shown some signs of combination and elected members of their own body to manage their affairs, but it will be seen from my quotation that there is not the proposition of the Commissioners.

It appears to them that the supervision and criticism of the dispensary doctor of the future must be carried out, not by representatives of the doctors themselves, but rather by those who have had some past experience and are now free from the stain and shame of competitive practice, and able to look at the whole question from a sociological as well as from a medical point of view.

Between the recommendations of the majority of the Commission and the report of the Poor Law Commissioners four is opposed the exceedingly valuable and important memorandum issued by Dr. Downes. Dr. Downes, as you all know, is the senior Medical Inspector of the Local Government Board; those abuses and defects in the Poor Law which seem to have been to his surprise to the Commission have been known to him for years. He knows and he is the good in the present system far better than his colleagues can do, and in his mind the good points are less obscured by the clouds of defects. He says:

I desire to support the principle that public relief in every such case should be administered and controlled by one local authority in each area.

I dissent from the scheme of administration proposed in the Majority Report.

The scheme proposed in the Report is too complicated for adoption in practice.

The scheme set out in the Report appears to me to offer what amounts to a large measure of free medical relief without adequate safeguard either to the medical profession generally or to the ratepayer.

From these few quotations I think that we shall see the necessity for a very careful and detailed examination of the scheme before we bestow the blessing of the British Medical Association upon it. The report of the Commission has put our Association forward as the recognized representative of the medical profession. It is a position to which I believe we are fully entitled, but this recognition imposes upon us an increased responsibility not only to the State, which is prepared to approve our status, but to ourselves, collectively and individually.

Before passing to a review of the scheme put forward by the minority, it is necessary to say a few words upon the very interesting and valuable report issued as an appendix and compiled by Dr. McVail.

In this report most of the disabilities of medical officers which I have recited to you are amply illustrated from his experience among the rural and urban areas which he visited.

There are, however, some points which it is not to be expected that he has strength upon the unwillingness of sanitary authorities to accept reports from Poor Law officers as to the dirty and insanitary condition of pauper houses. This may be the case in rural areas; it is certainly the exception in the large majority of
urban districts, and it is a pity that it should go forth in this form.

He is prepared to carry the scheme much further than the Commissioners propose, and suggests that, working upon a provident dispensary basis, the medical officer should keep himself informed of the physical state of every patient on his list, so that he would have little to do, except to see that the regulations are followed. Dr. McVail approaches the doctrine of perfection, and, what is worse, he is prepared to overlay even more seriously than is at present the case. The dispensary doctor would, in his idea, usurp the functions of the school inspector, the medical inspector under the Factory Acts, the inspectors of midwives, the health visitors, and even the work done for life insurance. That the intrusion of the profession into the houses of the poor and the regular examination of the working man and his family would be resented goes without saying.

In short, Dr. McVail’s proposals, excellent as they may be in theory, are wholly unworkable, and are based in some parts upon, what he himself admits, a general want of knowledge of the conditions prevailing among the poorer classes in England. He says that until he undertook this inquiry he absolutely nothing of the subject.

The report of the minority is signed by Prebendary Withers, Mr. J. Chandler, Mr. L. L. Russell, and Mrs. Sidney Webb. The views expressed by these four members of the Commission were laid before their colleagues, but for reasons to which I shall briefly allude did not find acceptance with them.

The Minority Report commences by reciting in greater detail and in more picturesque language the objections to the present system of Poor Law relief, both general and medical, institutional and domiciliary, and is so eminently readable that it has been lieness the most read magazine article. After this recital the report proceeds to outline a scheme for reform, based upon the same administrative units as the scheme of the majority, but with this difference, that they do not propose to set up a new form of committee ad hoc, but rather to make use of the means which are already to hand and in full operation.

The minority see that since the establishment of the Poor Law service, the end of which is apparently as a result of disease, we have sprung into being or developed a number of new agencies which have concerned themselves with the great problems of charity and medical relief; they see that these agencies overlap in a wasteful manner, and cost far more than they should for what is required.

The principal agency, and the only one which is fully under public control, is the great sanitary service of the kingdom now organized in suitable areas and capable of further development. The administrative function of this service is, in fact, the same units as those proposed by the whole of the Commissioners in both schemes put forward.

Thus it is pointed out that the health committees of these administrative bodies already pass beyond the limits of preventive medicine and undertake the institution and management of isolation hospitals and phthisis sanatoriums, and that these institutions are gratuitous, like the medical relief of the Poor Law, and even more so, as little or no inquiry is made as to the ability to pay, nor attempt made to reduce the cost. The addition of the arrangement and supervision of domiciliary and institutional Poor Law medical relief to the other duties of this Committee would not be a heavy burden, and with it would come the sanitary function, which, as it belongs to them now, and the management of registration, which is essentially the function of a health department, and which once was theirs.

Again, in the new developments of the educational committees of the minority set up a vast service, already co-ordinated with the sanitary departments in most good governments, assisting in the detection of disease, and on the point of undertaking curative measures for every child attending an elementary school; thus the children of the Poor Law will be automatically provided for, and by a careful system of inspection and prevention, much of the mortality of child life may be saved.

The same administrative units have been made responsible for the supervision of old age pensions, and may easily, if it seem good, undertake the provision of almshouses and the conversion of the present workhouses into homes of rest, more resembling the environment of the old age pensioners.

At the present time, there are distress committees already at work for the relief of the unemployed.

One element only of new organization will be required by the relieving officers. The work already done by school attendance officers, district nurses, and health visitors, and referred to a central officer whom it is proposed to call the Registrar of Public Assistance. Home nourishment, old age pensions, and most of all the recovery of fees from those who can afford to pay them, will constitute the chief of his duties.

It has been said in the Journal that these proposals “are nebulous and insufficiently considered,” but to me there seems to be a good deal in them worthy of your consideration.

One of the principal criticisms which has been urged against them is that the control of the new service is insufficiently defined. The minority, in such a united medical service, organized in districts of suitable extent, the existing medical officers of health, hospital superintendents, school doctors, district medical officers, workhouse dispensary doctors, and medical orderlies, will have to be co-ordinated with the work already done by school attendance officers, district nurses, and health visitors, and referred to a central officer whom it is proposed to call the Registrar of Public Assistance. Home nourishment, old age pensions, and most of all the recovery of fees from those who can afford to pay them, will constitute the chief of his duties.

A provision of a public health diploma plus the tenure of the post of medical officer of health does not necessarily confer administrative ability. In the recent movement for the examination of school medical officers it has been seen some medical officers of health, who have wisely abstained from involving themselves in new duties for which they did not feel themselves adapted, and I see no reason to suppose that it would be otherwise in this case. Administrative talent is not the prerogative of any branch of our profession, and in the case of the medical officers of all official grades the local authority will be ready to recognize that man whose talents point in that direction. It may be the health officer or it may not, the authority will be at liberty to choose the best man for the post. The majority, in rejecting this scheme, put forward the following argument as their chief reason:

And the possession of a public health diploma plus the tenure of the post of medical officer of health does not necessarily confer administrative ability. In the recent movement for the examination of school medical officers it has been seen some medical officers of health, who have wisely abstained from involving themselves in new duties for which they did not feel themselves adapted, and I see no reason to suppose that it would be otherwise in this case. Administrative talent is not the prerogative of any branch of our profession, and in the case of the medical officers of all official grades the local authority will be ready to recognize that man whose talents point in that direction. It may be the health officer or it may not, the authority will be at liberty to choose the best man for the post. The majority, in rejecting this scheme, put forward the following argument as their chief reason:

It is to be expected that if the whole or even a large proportion of the population resort to the gratuitous public medical service, the practice of the majority of private medical practitioners would be gone.

Possibly this would be the case, or, to express it more accurately, his private practice would be exchanged for a State appointment. But this private practice is very seriously threatened already; the abuse of hospital out-patient departments, the sixpenny doctor’s shop, and the herbalists, to say nothing of patent medicines, have abounded, have done much to reduce it to a minimum. They go on to say:

With the exception of a very limited number of those who might attend the wealthiest classes, medical practitioners would be either absorbed in the public service or would be obliged to change their mode of practice. We cannot contemplate with equanimity the extinction of an independent medical profession which may not only serve as a recruiting ground for the future responsible posts, but by its originality and independence of criticism preserve that service from excessive officialism.
struggle for existence which goes on at the bottom of the ladder. Nor do I think that medical men are independent of or insensible to criticism. On the contrary, we are an extremely sensitive body of men. They are not slow to use to damn us and to make us feel ourselves, and it must be even more terrible in many instances to review the secrets of individual success.

Further objections are raised to the appointment of a new official to be called the Registrar of Public Appointments; but this seems to be a minor matter compared with the creation of an entirely new Committee.

Oddly enough, while advocating the establishment of a provident service, the majority point out very clearly that the provision of a provident service involves the interference with the gratuitous treatment of infectious disease by the sanitary authorities, but seem entirely to overlook the fact that in many cases such treatment is compulsory; and, finally, in criticizing the imperfect administration of the smaller sanitary districts, they forget that the minority have adopted the same administrative unit as themselves.

It will have been seen that my own opinion inclines to the report of the minority, and to the scheme for a State Medical Service administered by the existing authorities in counties and county boroughs. I feel that much of the opposition which is being roused to this scheme among the profession is due to a mistaken notion of the position of the sanitary officers. I cannot overlook the bitter cry of the general practitioner who writes thus in the JOURNAL:

We have let the midwifery go; we have let school inspection go; and apparently we are trying to throw overboard the health appointments; and all that remuneration and prestige will be lost to the general practitioners.

Even in our own service the lines of cleavage between the part-time and the whole-time men are becoming more defined, and the replies of the Division will decide for the appointment of whole-time men, except in the very small districts.

It will always be true that the best medical officers of health are those who know something of private practice, of the Poor Law, and of the trials of the general practitioner, and it should be the embarrassment of the Association to build up the public health service on those lines rather than to assume a hostile attitude to its further development.

CONCLUSION.

It is abundantly evident that we are on the eve of great and sweeping changes in the administration of medical aid.

The reform of the Poor Law and the abolition of board and guardians as the relieving authority is inevitable. If one political party does not do it the other will.

Two schemes will be before the country:

1. The arrangement of all medical relief on a provident basis.

2. The establishment of a State medical service with power to the State to recover the cost from those who can afford to pay.

In the first there will be set up a new authority, not much from the old, who will perpetuate the worst abuses and features of the present system, if they are not closely watched. The only safeguard offered to the profession under this scheme is the co-option of a few members of the Association who are sufficiently well placed to be outside the official list of doctors. In the second the scheme will be controlled ultimately by the councils of counties and county boroughs working in their existing committees and appointing a central medical officer to administer the whole scheme of medical relief, both curative and preventive.

My own predilection is for the latter. I can speak as having had full experience of Poor Law practice, contract practice, and public health administration. I beg of you to consider this question, without preconceivice, and not to be led astray by cries of medical socialism and political faction which are wholly beside the main issue.

It is for the Association to discuss this matter very fully, and to sink all small differences in coming, if possible, to some fighting agreement.

Do not deceive yourselves by saying that these things will not happen. It is too late to turn back; it is moving tide that must be faced. You must divert the flood into such channels as will best serve to irrigate your own interests, and however conservative you may be in this matter, you must endeavour to modify the policy of the party of progress to your own ends. I commend to you the words of one of the most eloquent of our own professional—Professor Oliver Wendell Holmes:

Yet in opinions look not always back;
Your wake is nothing to your track.
Leave what you've done for what you have to do;
Don't be "consistent," but be simply true.

Meetings of Branches & Divisions.

NORTH OF ENGLAND BRANCH.

A special meeting of the Branch was held at the Royal Victoria Infirmary, Newcastle, on Tuesday, August 10th, at 3.30 p.m., Mr. Rutherford Morison, President, in the chair.

Apoologies for Absence.—The HONORARY SECRETARY (Dr. Todd, Sunderland) intimated that he had numerous apologies for absence from members who were away on their holidays, etc.

Relation of Northumberland and Durham Committees to Branch Council.—The PRESIDENT opened a discussion on the positions of the Durham and Northumberland Committees and their relationship to the Branch Council. He was desirous that these committees should be able to act independently of the Branch Council, and that the Divisions should report all work done by them to these committees. The HONORARY SECRETARY (Dr. Todd, Sunderland) thought that if the President's ideas were carried out, it would be administratively mean the effacement of the Branch Council, and interfere with the autonomy of the Divisions, and would be unconstitutional and against the standing orders. After a long discussion, the following resolution was proposed by Dr. Bunting, of Newcastle, and seconded by Dr. Fox of Blyth:—

That a special Subcommittee was appointed to consider the readjustment of the relations to each other of the County Committees, Divisions, and Branches.

This was carried unanimously, and the following were elected to act:

The President, Mr. Rutherford Morison (Newcastle); the Honorary Secretary, Dr. Todd (Sunderland); Dr. T. L. Bunting (Newcastle); Dr. Trotter (Bedlington); Dr. Dob (Northumbres); Dr. Davis (West Hartlepool); Dr. Farquharson (Bishop Auckland); Dr. Mearns (Gateshead).

Elections to Branch Council.—Dr. Burnett, Bunting, and Peart were elected members of the Branch Council.

Contract Practice.—The HONORARY SECRETARY then reported that a new society had recently been formed called the "Doctors' Medical Friendly Collecting Society," and explained that he considered it another attempt to exploit the general medical practitioner for the financial gain of a body of laymen; the principle of allowing any others than medical men to interfere in the relationships between a doctor and his patient was entirely wrong, and lowering in the status of the medical profession. He proposed the following resolution:

That no member of the North of England Branch, British Medical Association, should have anything whatever to do with the said society.

Dr. Campbell of Newcastle seconded the resolution, and in a most able speech showed the very injurious effect that such societies had on general practice, and in canvassing, etc., was disingenuously against the instructions of the General Medical Council, and if even the Society were prepared to put on a wage limit that medical men would have no control or power to see that their recommendations were carried out. Many members spoke in support of the resolution, and the same, on being put to the meeting, was carried unanimously.

New Members.—Eighteen new members were elected.
The Annual Exhibition of FOODS, DRUGS, INSTRUMENTS, BOOKS, AND SANITARY APPLIANCES.

[FORTH NOTICE.]
JAMES B. LIPPINCOTT AND CO., Publishers (5, Henrietta Street, London, W.C.). This firm of publishers, whose name has now become familiar on this side of the water, has a record of over one hundred years behind it in America. Their feature columns in newspapers and periodicals deal with scientific works is one of its best, and from time to time a considerable number of publications issued by it have been favourably reviewed in these columns. Several of these were on view at Belfast, their feature being the wealth of illustrations. An instance in point is Pierse's Human Anatomy, the reception of which in the United Kingdom and the Colonies was quite as favourable as that which the work received when it first appeared in America. It is a textbook on the anatomy of a mammal character containing over 1,700 illustrations, of which 541 are in colours. The description of each organ begins with an account of its gross anatomy, this being followed by an account of its histology and embryology. Anatomically, it is a masterpiece.

Another speciality of value is the firm's Fever Food, a mixture of meat essence, yolk of egg, and fresh cream. It sounds a curious combination, but has been carefully thought out on scientific lines, and is certainly very palatable. It is prepared more particularly for use in the tropics, but should be useful anywhere. The firm's ordinary essence of beef is now put up in glass pots of hygienically attractive appearance, corresponding preparations of chicken, mutton, and veal being vended in the same style. Of the general character, and especially intended for hospital use, is the firm's Beef Broth. It is really a jelly, which can be eaten with a spoon or turned into a fluid to be drunk. Similar preparations of chicken and game can also be obtained, and with a review of the practical considerations attaching to the organ, an equally striking book shown was Pfaundler and Schlossmann's Diseases of Children. It is in four volumes, containing in addition to 400 engravings 61 full-page plates. The editors have had the assurance of a very large number of specialists in different countries, and the book as a whole is of a most comprehensive and practical character. The firm also publish the well-known International Clinics, of which several volumes were shown. It is a quarterly journal of clinical lectures by leading authorities in all parts of the world. Each quarterly volume contains some three hundred pages, illustrations both in four and in black and white being freely used. In the same connexion may be mentioned Winter's Gynaecological Diagnosis, an octavo of some six hundred pages and some three hundred and fifty coloured and other illustrations. Other noteworthy books to be seen were Fox's Diseases of the Skin, a third English edition of Fuchs's Textbook of Ophthalmology, an eighth revised edition of White and Martin's Genito-Urinary Surgery and Venereal Diseases, and a further revised issue of Lea and Febiger's New Medical Dictionary. There are also obtained on application a well illustrated catalogue of the firm's more important medical publications up to date.

The Royal Leamington Spa. The authorities of the Borough of Leamington had upon view a number of pictures and statistical records relative to this well-known inland health resort. For a full account of the numerous attractions of the locality, both to visitors in search of health and for tourists, we must refer readers to an article published in these columns in the issue for August 10th, 1907. It is difficult at an exhibition to bring home to visitors a full and true conception of the therapeutic and other advantages to be found at a health resort, but at any rate the authorities of the Borough of Leamington made it clear by their exhibit that the Royal Pump Room and bathing establishments, as reorganized, are of a thoroughly satisfactory character, and that they offer advantages for all forms of hydro-therapeutic treatment now in repute. The sketches exhibited showed, too, that the town is well laid out, and excellently supplied with open spaces; while as regards the climate, the tables shown seemed to justify this aim made for Leamington that, so far as equability is concerned, the meteorological conditions are superior to those of the majority of inland watering places in this country.

BRAND AND CO. (74-84, South Lambeth Road, Vauxhall, S.W.). There was a fairly complete collection of the dietetic specialties of this firm, the majority being products too long and favourably known to require detailed description. One specially useful preparation is Brand's Meat Juice in small flat bottles, which is simply the juice of English-grown beef obtained by pressure. In our own experience a teaspoonful of this liquid in a wineglass of cold water makes a very stimulating beverage, and if the liquid is corked with a scorched pledget of cotton-wool it keeps good for many days. An analysis which we have seen shows it to contain 30 per cent. of beef extractives and 10 per cent. of mineral matter, chiefly in the form of soluble phosphates and calcium. Another speciality of value is the firm's Fever Food, a mixture of meat essence, yolk of egg, and fresh cream. It sounds a curious combination, but has been carefully thought out on scientific lines, and is certainly very palatable. It is prepared more particularly for use in the tropics, but should be useful anywhere. The firm's ordinary essence of beef is now put up in glass pots of hygienically attractive appearance, corresponding preparations of chicken, mutton, and veal being vended in the same style. Of the general character, and especially intended for hospital use, is the firm's Beef Broth. It is really a jelly, which can be eaten with a spoon or turned into a fluid to be drunk. Similar preparations of chicken and game can also be obtained, and with a review of the practical considerations attaching to the organ, an equally striking book shown was Pfaundler and Schlossmann's Diseases of Children. It is in four volumes, containing in addition to 400 engravings 61 full-page plates. The editors have had the assurance of a very large number of specialists in different countries, and the book as a whole is of a most comprehensive and practical character. The firm also publish the well-known International Clinics, of which several volumes were shown. It is a quarterly journal of clinical lectures by leading authorities in all parts of the world. Each quarterly volume contains some three hundred pages, illustrations both in four and in black and white being freely used. In the same connexion may be mentioned Winter's Gynaecological Diagnosis, an octavo of some six hundred pages and some three hundred and fifty coloured and other illustrations. Other noteworthy books to be seen were Fox's Diseases of the Skin, a third English edition of Fuchs's Textbook of Ophthalmology, an eighth revised edition of White and Martin's Genito-Urinary Surgery and Venereal Diseases, and a further revised issue of Lea and Febiger's New Medical Dictionary. There are also obtained on application a well illustrated catalogue of the firm's more important medical publications up to date.

The Hygienic Syphon Company (20, Bucklersbury, London, E.C.). This company had upon view a new form of syphon, in launching which it is desirous of receiving the assistance of the medical profession. This is likely to be, for the Syphon is certainly preferable to those in ordinary use. The latter have several disadvantages from the point of view of hygiene. Apart from the fact that there commonly enters into their construction bare or unsound metal which may be corroded by the liquid in the bottle, they can rarely be cleaned, since their heads are very difficult to remove; hence when refilled the new liquid mixes with the dregs of the old. Furthermore, since they are filled through the spout, dust or anything else collected there may be swept into the interior of the bottle. In this connexion it is to be remembered that syphons are sent out to households of very varying character, and often remain in sick rooms for an indefinite period. The Hygienic Syphon is free from these defects. With the exception of a thin gutta-percha washer it is made entirely of ebonite, porcelain, and glass; the head, being screwed into the bottle, can be removed in a few seconds, and the bottle thoroughly cleaned out, and the whole apparatus could be sterilized if desired. Finally, in filling the bottles, there is no risk of carrying in extraneous matter unintentionally, since the liquid is not forced in through the spout. The mechanism by which the syphon acts is very simple, and every householder can, if he pleases, keep his own tap, screwing it into the syphon head of each new flask of aerated water received. In these circumstances he will receive his fresh supplies in syphons covered with a syphon protective dust and replace this by his own tap. The adoption of these new syphon heads should be a great protection both to the public and the mineral water trade, which is of gigantic size in this country. It seems to be admitted by
Vital Statistics.

The Registrar-General's Quarterly Return.

Specially Reported for the British Medical Journal.

The Registrar-General has just issued his return relating to the births and deaths in the second quarter of the year, and to the marriage during the three months ending March last. The marriage-rate during the quarter was 13.8 per 1,000, and the mean rate for the corresponding quarters of the ten preceding years, 13.7 per 1,000. In England and Wales, 227,056 marriages were registered, and the birth-rate averaged 13.8 per 1,000. The deaths registered during the quarter were 271,132, and the death-rate was 12.0 per 1,000. In London the death-rate was 11.7 per 1,000.

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**HEALTH OF IRISH TOWNS.**

During the week ending Saturday, August 14th, 680 births and 307 deaths were registered in the twenty-seven municipal urban districts of Ireland, as against 615 births and 344 deaths in the preceding period. The birth rate was 14.5, and the death rate 15.4, an increase of 0.9 births per 1,000 in the three preceding weeks, fall to 14.0 per 1,000 in the week under notice, this being 2.5 per 1,000 higher than the annual death-rate in the seventy-six English towns for the corresponding period. The figures in Dublin and Belfast were 13.5 and 14.2 respectively. Raining from 4.7 in Westminster and 0.2 in Edinburgh, 6.6 in Queenstown to 26.6 in Newland’s and 38.8 in Galway; while others in London (Aldermaston) at 19.7, and in Liverpool at 19.6, all show a fall at 21.4. The zymotic death-rate in the twenty-two districts averaged 1.3 per 1,000, as against 1.7 per 1,000 in the preceding period.

**PBlack and Military Appointments.**

**ROYAL NAVY MEDICAL SERVICE.**

Surgeons T. B. Shaw, M.B., A. T. Gallie, M.B., G. S. Davidson, and P. T. Nicolson are promoted to be Staff Surgeons, August 10th. Their first appointment bears date August 15th, 1901. Staff Surgeon Stoddart has been appointed to the African medal to be held for the capture of the Mulim’s stronghold at Illig, in 1904, for which he received the East African medal with clasp.

The following appointments have been made at the Admiralty: Fleet Surgeon W. P. L. G. Walker, to the Africa, and Surgeon L. C. Rowan-Robinson, to the Don, August 15th; Surgeon E. R. Vickery, M.B., to the Impeasurable, August 10th; Surgeon W. M. Maclure, M.B., to theActivation, August 10th; and Surgeon P. H. Boyden, M.B., to the President, additional, for London Recruiting Head Quarters, temporary, August 11th.

**INDIAN MEDICAL SERVICE.**

The promotion of Major A. Taverton, R.C.S.I., notified in the London Gazette of October 4th, 1907, is rescinded to January 2nd, 1908.

The promotion of Major J. M. Woolley, M.R.C.S., notified in the London Gazette of February 7th, 1908, is rescinded to July 29th, 1908.

The unmentioned Lieutenants are to be Captains from the date of their appointment, with the exception of Lieutenants C. R. O’Brien, M.R.C.S., L.R.C.P., and G. M. McGroarty, M.B., L.R.C.P., who are to be lieutenants and to be Acting Surgeons to the 1st Battalion of the O’Brian bears date September 1st, 1905, that of the other officers cited, February 1st, 1906.

**WEST AFRICAN MEDICAL STAFF.**

Two following changes in the personnel of the West African Medical Staff are announced by the Colonial Office:


**Appointments.—**J. Tichborne, late S.M.O., Northern Nigeria, to be M.O., from September 1st, 1908; to be S.O., Gold coast, vice J. R. H. Dave, retired. First appointments have been made as follows: O. G. J. L. R. L., February 1st, 1908, receiving a gratuity.

**VACANCIES.**

This list of vacancies is compiled from our advertisement columns, and all applications and inquiries which we may receive for these appointments must be received not later than the first post on Wednesday morning.

**BEDFORD COUNTY HOSPITAL.—**House-Physician. Salary, £50 per annum.

**BIRKENHEAD AND WIRRAL CHILDREN’S HOSPITAL.—**Honororary Acting Medical Officer.

**BREMPTON: ESSEX AND COLCHESTER ASYLUM.—**Fourth Assistant Medical Officer. Salary, £40 per annum.

**BRISTOL ROYAL INFIRMARY.—**Resident Casualty Officer. Salary £40 per annum.

**CANTERBURY BOROUGH ASYLUM.—**Assistant Medical Officer (male). Salary, £40 per annum.

**CANTERBURY KENT AND CANTERBURY HOSPITAL.—**Assistant Surgeon. Salary, £70 per annum.

**CARISLE: CUMBERLAND INFIRARY.—**Resident Medical Officer at the rate of £50 per annum.

**DEVONPORT: ROYAL ALBERT HOSPITAL.—**Assistant Resident Medical Officer at the rate of £50 per annum.

**FULHAM UNION INFIRMARY.—**Assistant Medical Superintendent. Salary, £450 per annum.

**Glasgow: ANDERSON’S COLLEGE MEDICAL SCHOOL.—**Chair of Physiology.

**HALIFAX ROYAL INFIRMARY.—**Third House Surgeon. Salary, £300 per annum.

**LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.—**Honororary Assistant Surgeon. Salary, £150 per annum.

**LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—**(1) Two House-Physicians; (2) three House-Surgeons. Salary at the rate of £50 and £70 per annum.

**MANCHESTER CHILDREN’S HOSPITAL.—**Resident Medical Officer (male). Salary at the rate of £50 per annum.

**MANCHESTER: NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—**House-Surgeon. Salary, £50 per annum.

**NEWPORT AND MONMOUTHSHIRE HOSPITAL.—**Third Resident Medical Officer. Salary, £60 per annum.

**NORWICH: NORFOLK AND NORWICH HOSPITAL.—**Physician. Salary, £50 per annum.

**NOTTINGHAM GENERAL DISPENSARY.—**Assistant Resident Medical Officer. Salary, £30 per annum.

**OLDHAM INFIRMARY.—**(1) Senior House-Surgeon; (2) Third House-Surgeon. Salary, £120 and £70 per annum respectively.

**QUEEN CHARLOTTE’S LYING-IN HOSPITAL.—**Assistant Resident Medical Officer. Salary, £50 per annum.

**QUEEN’S HOSPITAL FOR CHILDREN:** 135, Chatham, Rochester, Kent. E. Resident Medical Officer. Salary, £100 per annum.

**ROTHERHAM HOSPITAL AND DISPENSARY.—**Assistant Surgeon. Salary, £80 per annum.

**ST. PETER’S HOSPITAL FOR STONE, Henrita Street, W.C.—**Junior House-Surgeon. Salary at the rate of £50 per annum.

**STAFFORD: STAFFORD INFIRMARY.—**Assistant House-Surgeon. Salary, £80 per annum.

**SUNDERLAND: BURNDEN AND DURHAM EYE INFIRMARY.—**House-Surgeon. Salary, £50 per annum.

**TEIGNMOUTH HOSPITAL, SOUTH DEVON.—**House-Surgeon. Salary, £20 per annum.

**WEST LONDON HOSPITAL, Hammersmith Road, W.—**(1) Two House-Physicians; (2) three House-Surgeons.

**WOLVERHAMPTON AND STAFFORDS HOSPITAL GENERALS HOSPITAL.—**(1) Resident Surgical Officer; (2) House-Surgeon. Salary, £125 and £80 per annum respectively.

**APPPOINTMENTS.**

**GRAY, L., M.R.C.S., L.R.C.P., Certifying Factory Physician for Stafford.**

**HOOD, B., M.R.C.S., Medical Officer St. Marylebone Parish Work- house.**

**JARVIS, J., M.R.C.S., L.R.C.P., District Medical Officer of the Bath Union.**

**KE W., F., M.R.C.S., L.R.C.P., District Medical Officer of the Bellingham Union and of the Bolsover Union.**

**MONKSTON, E. C., M.R.C.S., L.R.C.P., Certifying Factory Physician for the Maidstone District, co. Berks.**

**RICHIE, B. H., M.B., Ch.B.London, Medical Officer of the Maidstone Union.**

**WALTER, E. C., M.R.C.S., L.R.C.P., Certifying Factory Physician for the Wallingford District, co. Berks.**

**WILCOX, C. H., M.R.C.S., L.R.C.P., District Medical Officer of the Bath Union.**

**BIRTHS, MARRIAGES, AND DEATHS.**

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

**DEATH.**

**MINNIE.—**On August 16th, suddenly, at Balscawen, 211, Bridge Road, Batsero, S.W., James Edward Minnie, M.B., Ch.B.Aberdeen.

**RECENT PUBLICATIONS.**

The Handy Hotel Guide. London: The Hotel and General Advertising Company, Limited, 269, Shaftesbury Avenue. (No price mentioned.)

The thirteenth edition of an alphabetical list of hotels in the United Kingdom, forming the basis of the title The Tariff-Frame Hotel Guide. It contains the names and some particulars of the tariffs of over 1,000 hotels, including those of the principal railway stations.

**Practical Summary of Points to be Noted in Cases of Neurotism in Women.** Arranged by George Burford, M.B., and C. Granville Hey, M.R.C.S., England, Balsacawen, 211, Bridge Road, Batsero, S.W., James Edward Minnie, M.B., Ch.B.Aberdeen.

**DIARY FOR THE WEEK.**

**POST-GRADUATE COURSES AND LECTURES.**

**POST-GRADUATE COLLOQUIA: West London Hospital, Hammersmith, W.** The following are announced for next week: Daily, 2 p.m., Medical and Surgical Clinics, X Rays: 2 p.m., Operation Monday, Tuesday, and Thursday, from 10 a.m. to 2 p.m., Diseases of the Eyes (Saturday at 10 a.m., Tuesday and Thursday, from 10 a.m. to 2 p.m., Gynaecological Operations; 2 p.m. (and Wednesday and Saturday, from 10 a.m., Diseases of the Skin. Wednesday, Thursday, and Friday, at 10 a.m., Diseases of Children; 2 p.m., Diseases of Women. Lectures: At 12.30 p.m., Monday, Pathological Demonstration. At 12.30 p.m., Tuesday and Wednesday, Practical Medicine. At 5 p.m., Tuesday, Syphilis Diseases of the Nervous System, Wednesday, Squint.**