

The wants of the general practitioner of the present day : an inaugural address, delivered before the West London Medico-Chirurgical Society, October 8th, 1886 / by Frederick Henry Alderson.

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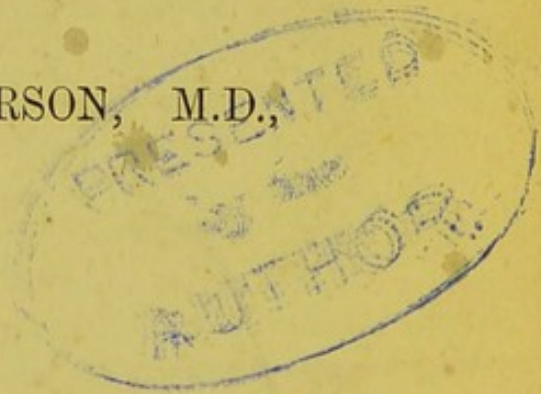
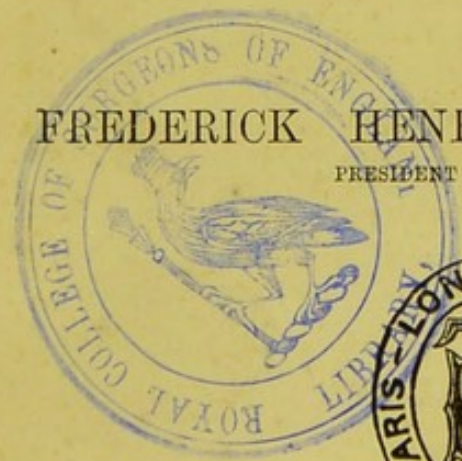
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THE WANTS
OF
THE GENERAL PRACTITIONER
OF THE PRESENT DAY.

An Inaugural Address,

Delivered before the WEST LONDON MEDICO-CHIRURGICAL SOCIETY,
October 8th, 1886,

BY
FREDERICK HENRY ALDERSON, M.D.,
PRESIDENT OF THE SOCIETY.



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THE
WANTS OF THE GENERAL PRACTITIONER
OF THE PRESENT DAY.

GENTLEMEN,—In taking the chair for the first time as your President, it is my pleasant duty to welcome your return on this the opening night of the fifth year of the West London Medico-Chirurgical Society.

I hope that you have all obtained a good store of health, and have returned to professional work refreshed by sea breezes, Alpine air, mountain climbing, or shady vale, and as the outcome of this rest to the mind, and of health to both body and mind, we may again with confidence look forward to a continuation of the many excellent papers, upon which there will follow the vigorous and fruitful discussions that have so conspicuously distinguished the meetings of this Society. Ere I proceed I desire again to thank you for the honour you have given me by my election as your President. I will not say that I could perhaps have desired that this honour had fallen into other and abler hands, but I do wish that I were able to address you with that force and oratory worthy the dignity of your president and of the position that this Society already occupies in our profession and amongst the medical and kindred societies of the metropolis. I will not occupy time by dilating on my own defects; conscious as I am of lacking much and many qualities that are essential for an efficient president, but it shall be my aim during my year of office to render my own unfitness as little apparent as possible, that the great prosperity of this Society may still continue, and that by your help and with

your support I may hope to prove a not unworthy successor of the distinguished gentlemen who have preceded me in this chair.

Every honour has its corresponding responsibility, and the weight of office in the choice of a subject on which to frame my address quickly followed the pleasure of election. The selection, indeed, gave me much anxious thought and mental perturbation. My first choice was the Symptomatology of Disease, subsequently altered to the Science of Symptoms. This was changed to the common Diseases of Children, especially whooping-cough.

The question of Craniotomy *v.* Porro's operation for a time occupied my thoughts, and although a question for all who practise obstetrics to consider, it was more fittingly the subject of an address by an able authority, Dr. Barnes, at the late Brighton meeting of the British Medical Association.

After writing, at least mentally, quires of paper, on this and kindred topics, I came to the conclusion, and I trust wisely, that it was a general practitioner whom you had honoured, and only as a general practitioner could I, with any probability of success, expect acceptably to address you.

Upon the wants of the general practitioner of the present day I may perhaps speak with more confidence, for not only have I been engaged in actual and rather extensive practice for nearly a quarter of a century, and have a large circle of medical friends but I have availed myself largely of the frequent opportunities that our profession by the British Medical Association and the various medical societies so fitly gives us for the exchange of thought, and for the enjoyment of friendships made, and for friendship-forming. Amongst our wants, I have included that of larger incomes, and have devoted considerable time and thought to this subject, and propose to consider the causes that are conducing to their, at present, not very gradual contraction, and the means for their future expansion.

I shall of course not refer to the great cause that affects all classes alike, commercial depression, although that presses with particular weight upon the medical man, but shall only consider such apparent causes of diminished incomes that appear to me to be more or less remediable.

I will call your attention to the want of hospital and various other medical appointments for the general practitioner. To the

need of an alteration in the vaccination laws, by which every registered medical man who desires the appointment may become a public vaccinator; these subjects, and the question of Health Assurance, I will go rather fully into. I shall more briefly refer to the question of consultations, and shall close with a few remarks on recent medical legislation. I think that it may be received as an axiom that the incomes of general practitioners are only in isolated and exceptional cases as large as they deserve to be. The cost of living has very materially increased. House rent is more. Taxes are much higher, food is dearer, servants' wages are considerably higher, stable expenses are also in increased ratio, and last, but not least, the cost of drugs and chemicals are to the honest practitioner a very serious item of expenditure, and with all these increased expenses our fees remain the same, our incomes are becoming smaller and unbecomingly less, in not a few cases contracting to the almost nothing point, and this, too, occasionally, without any fault of the unfortunate medico. Of course when I speak of larger incomes, I speak collectively. I desire to see more money earned, or rather not only earned by, but paid to, the profession. Men who have been fifteen or twenty or more years in active practice should ask, expect, and obtain, larger fees than the young practitioner. We all know that almost the converse of this is too frequently the case, and that men in large general practice will accept of a *very small fee*. Our fees are considerably less than those common in France, America, Australia, or of almost any of our continental brethren. There wants a levelling upwards in this question of fees, the general practitioner of to-day is very much in advance of the doctor of half, or even a quarter of a century back. In point of wisdom, culture, and experience, he is daily nearing his great prototype, the successful and accomplished physician. Do not think I am a medical socialist. That "I am one who has yearnings for an equal division of unequal earnings." "Sed tamen amoto quæramus seria ludo."

The public should be taught to pay larger fees, and to value medical knowledge and skill more than they do, but the fault is not all that of the public. The open surgeries, the provident dispensaries, the private clubs, the sick clubs, have much to answer for the low estimation and low charges of the family doctor of to-day. But if this matter is to be considered and followed by

any practical results, the initiative must come from within, from those who rejoice in a "bald crown"; whose hair is already tinged with that best of all colours, iron grey. If the older practitioners were to charge a larger fee, it would give a chance to our juniors, and give them less excuse for starting dispensaries, proprietary clubs, and other more or less objectionable methods of acquiring practice, and at the same time they would add much to their own comfort and gain increased respect from their patients.

One undoubted cause of the smallness of the larger number of medical incomes is the crowded state of the profession of medicine. Go where you will, inland or on the coast, in the metropolis or in the country, large cities or secluded villages, it is the great exception to find a locality where the supply of doctors is not greatly in excess of the demand; as for the metropolis and our large cities, our name is legion. It would I think be difficult for two out of a dozen medical men even to mention a place where there was any likelihood of a doctor succeeding, that had not already more than the number that could possibly earn a respectable income. Our worthy member, General Goldsworthy, mentions that he numbers 80 doctors in his constituency, a truth that I hope may convince him of the political, even if latent power, of the medical profession. The crowded state of all the ranks of medicine is an obvious fact. Sir Lyon Playfair never made a greater mistake than when he represented in Parliament that the contrary was the case. Dr. Billings, in his very able address before the British Medical Association at Brighton, gave some important statistics as to this. "In the United States and Canada there were 90,410 persons calling themselves physicians, *i.e.*, a proportion of one to every 600. In England and Wales by the census of 1881, the proportion of physicians is only 5.8 per 10,000." But these facts are not at all comparable, for as the former includes every kind of charlatan calling himself a physician, the latter only includes registered practitioners. Has it not therefore become a question for our Direct Medical Representatives *in futuro*, whether some steps should not be taken by our somewhat torpid Medical Council to *reduce this excess, and to bring our too easily made doctors more within the requirements of the public and the profession*; for excess in numbers means poverty in quality, for how is a man who is crushed in poverty, lost in heart, consumed

by biting care, to practise a profession that often demands profound thought, and always keen judgment and clear intellect. Medical men are languishing for opportunity of exercising their art, the surgeon's hand is losing its cunning, and the skill of the physician is too frequently becoming irretrievably latent. And yet, while this is the case Dr. Mapother told us in his address on Public Health, and I heard it with indignation, even as he mentioned it with shame, "that out of 1,300 students in Dublin fewer of these are engaged in real hospital work as clinical clerks and dressers than there ought to be. That persons following other occupations from 10 o'clock till late in the afternoon are permitted to pose as medical students." And although the proportion of doctors to the population is nearly a third less in Ireland than in England, yet these men whom you think would be satisfied men, if not doomed to the remote district of Skibbereen, are not content to remain in the land of the shamrock, but become our own competitors in the keen struggle for existence. In these days when he who runs can read, when education is even cheaper than medical skill, has not the time come when every entrant to the profession of medicine should have some knowledge of Greek, for a knowledge of Greek is required of the student of every continental country of importance. That the first class, second division, of the College of Preceptors should be the lowest standard for acceptance for registration by the Medical Council. At the same time I object to any attempt to make the education of the doctor different from that of other gentlemen, and whether classics, the modern languages, or pure sciences should have the greatest weight in the matriculation examination of the medical student I care not, but I do think this entrance examination should give satisfactory proof that the examinee had shown both care and exactness, and exercised his faculty of observation, and, as boys are so proverbially careless, I think this arts examination should certainly for the higher degrees not be allowed to be passed until the age of eighteen or nineteen. For there are more errors, more serious mistakes committed from want of thought than from want of knowledge. The careless man ought to find no room in the roll of medicine, and if this were the case many regrettable events known by most of us in medical life would never have occurred.

Sir John Lubbock, speaking at Birmingham on the unveiling

of the statue of Sir Josiah Mason, said: "Technical education ought not to begin too soon," and this opinion appears to me to apply with special force to the study of medicine. Would it not also improve the tone of the profession, and, what is more important prevent many errors that now almost unavoidably occur in the early practice of its members, errors not so often from want of knowledge, but from want of experience, if the length of time required for a medical curriculum were wisely lengthened; surely four years is too short a time to acquire the increased technical and scientific knowledge now demanded, except by the sacrifice of practical experience and the shirking of clinical work.

In former years a pupilage was required, and many perhaps in this room spent three, four, even five years with a medical man previous to entering hospital, learning routine but useful work. Now, it is almost the universal custom to go direct from school to Hospital, the young embryo medico picking up as best he can, but often very imperfectly, I fear, if I may judge by some of my recent assistants, the knowledge of pharmacy, and of certain small but frequent ailments, a familiarity with such unimportant diseases as they may appear, is, at least, necessary to his early, if not to his ultimate, success. As a remedy, I would like to suggest that in addition to the four years' professional training now required by the Examining Boards that every man presenting himself for his Pass Examination, or, at all events, before he was licensed for independent, *i.e.*, private practice, should give proof of having been an assistant to a medical man for one, or even two years, who held public appointments such as Factory Surgeon, District Medical Officer, or any similar appointments, where there would be good opportunities of acquiring practical knowledge. Of course there would be an exception to this rule in favour of all those gentlemen who had filled the post of House Surgeon, House Physician, or Obstetric Assistant at any hospital that contained one hundred beds for six months, if at a smaller hospital the time must be lengthened accordingly. I would remind you that the minimum period of medical study in almost all other countries is longer than our own. In France and Spain, four years; four and a-half in Germany, five in Austria, Russia, Belgium, and Portugal, six in Italy, Holland and Denmark, seven in Norway, and even ten in Sweden." (*Lancet*, September 11th.) I am well aware that this

question of prolonging the medical curriculum for five years, has often been mooted, and never seriously entertained on account of the objection that the public would be insufficiently supplied with medical men, and the extra expense of the already costly medical education that must follow a more lengthened period of study. But I do not suggest that these advanced students should be prevented from earning anything towards their own support, but they should not be permitted to start in independent practice for themselves until a later date, when they had had some opportunity of gaining practical experience and judicious self-reliance under the supervision of older and experienced men. If some such proposition as this could become the rule it would be a gain alike to the public and the profession, even though it might, and I hope it would, prevent a few very needy men entering the profession; as it is we have too many needy men in our ranks, men who are entirely void of professional and gentlemanly feeling, and destitute of that *esprit de corps*, that ought to animate every member of a noble and self-denying profession. It is often these men who are so hasty to commence practice, so anxious to shake off all that savours of the "in statu pupillari." They have their diplomas, the goal is reached, and the commercial spirit that is so strong within them must have vent, and they start their open surgeries, and establish provident dispensaries, and not even infrequently call in the aid of the advertisement column of the "Local," in which they will parade the number of letters that rightly or wrongly follow their names. These, and other objectionable dodges, baits for practice are unfortunately known to be practised, and thus disgrace the profession they ought never to have entered, and then wonder forsooth why medicine has not the same *locus standi* as her sisters, the church, and the law. I repeat if the curriculum were thus prolonged by one year of practical work at the expiration of the usual hospital career, the profession and the public would greatly benefit, the young medical man by increased ease of mind and lessened anxiety, would be more than compensated for lengthened unremunerative work. It would become almost unknown for a case of extravasation of urine to be brought to a hospital unrecognised. Fractures would, perhaps, be always diagnosed and better treated. The practice of the bone-setter would diminish. Peritonitis would less frequently be mistaken for constipation or

colic, and medical officers of health would have no grounds for asserting in their reports that medical men were incapable of diagnosing small-pox, not infrequently mistaking this serious disease for measles or chicken-pox.

It would, I think, be an omission to conclude my remarks on the causes of the contraction of medical incomes without any mention of provident dispensaries, sick clubs, home hospitals, fever hospitals. The subject of provident dispensaries has already claimed and received the careful attention of the West London Medico-Chirurgical Society. Our first Cavendish Lecturer made it the subject of his address, and an animated and interesting discussion followed. These dispensaries are a cause of bringing much discredit on those who practise medicine, and lower the dignity of our calling and lessen the influence of our craft. This Society has expressed its opinion that private provident dispensaries exist only to the hurt and injury of the public and ourselves, and your Council has acted in the spirit and letter of Law 2, of this society. Early in last session we successfully put this law into action, and by our influence we closed or rather caused one of these mis-called provident dispensaries suddenly to collapse, which had already begun to absorb the charity of the public, and to divert legitimate fees from the pockets of medical men. Sick clubs, as they are generally carried on by medical men need, I think, only to be named; to be condemned.

Home and fever hospitals here come in for consideration. The too universal practice of sending all cases of scarlatina, small-pox, and infectious diseases, to fever and other special hospitals is a great factor in the reduction of professional receipts. If this custom were only limited to small-pox and contagious fevers, and if I were sure the removal of these patients was for the public good, I would be silent, but I do think that I have seen cases of scarlatina and small-pox recover that would probably not have recovered had they been removed to a fever hospital, and I have occasionally known patients die that I thought might have recovered had they not been removed. Scarlatina is still endemic in England, and by these patients being removed from our care our practices are considerably contracted, but if it were only the poor who were removed to these fever hospitals, I would have hesitated to have called your attention to this fact, but well-to-do people, professional men send their children who have contracted scarlatina to these more or less charitable

institutions. I have in my mind's eye a patient of my own, of good social position who sent his children when suffering from scarlatina to the fever hospital, not to save expense, but to ensure freedom from being the medium of infection. I know also of a professional gentleman who did the same, and rightly too, for he could not withdraw his son, who was on the eve of an examination, from school, as he must have done had he not availed himself of the fever hospital for his daughter, who had contracted scarlatina. It is, of course, necessary that our fever patients should be absolutely isolated, and if isolation cannot be effectually carried out at home it is necessary, it is right for them to be sent away. But are our fever hospitals the best place, the right place for our paying patients? If this step of sending scarlatina patients away from home, regardless often of the wishes of the little patients, is right, and in many cases, I believe it is, should there not be fever homes in every district where patients with contagious diseases could be sent, and yet remain under the care of their own medical attendant? Homerton, and even the hospital in Liverpool Street is too great a distance, and their removal there very certainly lessens the chance of recovery.

From fever hospitals we come to the question of home hospitals. Are these home hospitals required? In my opinion, as they now are carried on (we will take the one in Fitzroy Square as a type), they are not required, they are inimical to our interests; they are productive of silent, but unhealthy friction, they are more hurtful and annoying than the provident dispensaries, for the latter are frequented by the poor, who have always our sympathy, but the patients of home hospitals are gentlewomen, ladies who are in comparative affluence, and who would scorn to think they were receiving charitable relief even in a remote degree. I have said we would take as our type the home hospital in Fitzroy Square. It is possible, and very probable, that this home is now self-supporting, but it was founded by funds obtained from the charitable public. I well remember the first meeting that was held at the Mansion House to advocate the claims of home hospitals, and the effort that was made to bring them into public notice and favour. If these homes are supplying a want, all well and good, but I do object to their existing merely for the convenience of the operating surgeon, the specialist, and the consulting physician. Not very long since a patient of

mine discovered suddenly a small tumour in her breast, she did not consult me, although I had very recently attended her children through an attack of whooping-cough, and herself in her confinements, but by the advice of her brother-in-law, who was a medical man, she went to an eminent London surgeon, who pronounced the tumour cancer, and that it must be removed at once, and advised her to go to the home hospital in Fitzroy Square; at this suggestion she demurred, and expressed a wish that the operation should be done at her own home. The surgeon objected, and said he could not go to Kensington, or if he did, it would only be for the operation, and perhaps one visit afterwards. He did not add that one after visit would, in all probability, be sufficient, and that she would then be safe in the hands of her family doctor. Now, I was told, this lady paid fifty guineas for the operation besides all the usual charges for the board, lodging, nursing, and other accommodation the Home gave. Very possibly this lady never mentioned my name as she had never consulted me about the swelling, but had the surgeon asked the name of her usual medical attendant she would, I am sure, have given mine. After she left Fitzroy Square by his direction she went up to see him, and has ever since remained under his sole care.

This case represents forcibly that home hospitals exist, even if they did not originate, for the convenience of the renowned surgeon, the specialist, and the fashionable physician, but are antagonistic to the prosperity of the general practitioner. The practice of admitting paying patients, as is the present custom at a few of our hospitals, is perhaps to some of us still more objectionable, as it is then obligatory for the *paying* patient to be under the care of the physician or surgeon who is on the staff of the hospital.

Earnest as the profession has ever been to promote the public health, even against and contrary to its own interests, we cannot ignore the fact that the great advance of sanitary science, the improvement, and the attention given to, the public health, especially for the last twenty-five years, is an obvious cause of the gradual diminution of medical incomes.

At the time of writing this paragraph the death-rate here is only 14 per 1,000, and this too in the season when diarrhoea and febricula are generally rife. The significance of this is apparent when I remind you that in the seventeenth century the death-rate

was as high as 80 in 1,000; 50 in the eighteenth century; in the nineteenth only 20. When I first came to Hammersmith in 1863, we had no main drainage—typhoid fever, phthisis, and cancer were frequent causes of illness and death. Now to have a case of typhoid fever is the exception, and as for typhus, it occurs so seldom that unless great care is used, or the symptoms marked and severe, there is a danger of it being unrecognised by the usually careful observer.

The famous dictum of the late Lord Beaconsfield, "*Sanitas sanitatum, omnia sanitas*," is everywhere accepted, and is tending to become more or less the actual fact. It is therefore self-evident that the much improved health of the public has reduced our individual and collective incomes, and we rejoice in the improved health and happiness of the multitude, and aid this and every other effort for the public weal. Still it has become a question with some of us whether we should continue to promote this desirable state of a healthy community merely from pure philanthropy. Could not the public also do better by enlisting our aid before disease has set in or even threatened? The State orders the appointment in every district of Medical Officers of Health; should not the public in like manner make it the interest of the family doctor to keep them well, not on the Russian system, where the doctor's fee ceases as soon as illness commences, but on the principle of what is called "Health Assurance." Every man, ill or well, should pay a fixed annual sum to his medical man, sufficient to ensure skill and attention from the doctor for himself and family in the event of illness, in the same way as the poor man pays to his club doctor, only, of course, on a much increased scale. The rate must necessarily vary, according to locality, but should be generally fixed according to the house rent, social position, and means of the patient.

The subject of Health Assurance has been carefully considered by Dr. William Fleming Phillips, who has published a pamphlet advocating the custom, and explaining in detail how he has found it work in his own practice. To Dr. Phillips the comfort of this plan of payment has been great, and he speaks of it in a letter I received from him with much satisfaction. The scale of payment that Dr. Phillips mentions, except in a very poor and densely populated neighbourhood, is, I think, much too small, and can

hardly be remunerative ; neither should I like to adopt the plan Dr. Phillips proposes, of sending leaflets to our patients, advocating and introducing the system. I do not well see how we could avoid their falling into the hands of other men's patients, and might lead or degenerate into a seeking for practice that would be highly objectionable. Health assurance, if it became general, would, in consequence of the very essence of its system of remunerating the medical public by fixed annual payments, paid in advance, do away with all bad debts. Our Christmas festivities and New Year's rejoicings would not be, as they now are, frequently marred by the sight of our big ledger and Christmas bills. Health assurance would prevent the frequent changes that a section of the public are prone to, of running from one doctor to another, and too often without reason, if fixed annual payments were the method of our payment any little friction that will occasionally occur between doctor and patient, and this not infrequently without any intentional fault on either side, would be kinetical, *i.e.*, on the sliding scale, and would doubtless right itself, and the usual mutual regard would in all probability return a long time before the annual payment was again due, at any rate it would not be encouraged and reminded by a Christmas bill of unwelcome and unexpected amount. For illnesses, unless severe are forgotten, and perhaps of all causes of the undesirable custom of changing doctors, I believe the most frequent is an unpaid medical bill, or less frequently (because at the distant date at which the bill is sent in), it may then appear excessive in amount ; this annoyance would cease and the friendly regard between patient and doctor would be sensibly increased by this new mode of medical payments. Our incomes would become more equal, not varying, as they so often do, depending upon the chance of an epidemic or on the state of the atmosphere, and on the pockets of our patients, whether they can afford to call in our aid to a suffering wife or a sick child. It is surprising it is unknown by the public how often the comfort, the ease of mind that the well-timed doctor's visit often gives is evaded on account of the dread of his Christmas bill, or more likely still, the consciousness that his last account is still unpaid. That the health of the public does suffer from delay in calling in medical aid I am quite certain of ; in many families the rule is never to send for the doctor as long as they can possibly do without him,

the family recipe, the patent medicine, the homœopathic globule, are all too frequently tried first, and much valuable time lost. This serious and reprehensible delay in seeking medical aid is often where you least expect to find it ; sometimes the patient is fearful of being thought fanciful, nervous, or hysterical, forgetting that these groundless fears may be a very sign of ill-health. Some such reasons as these for delaying sending for the doctor occurred lately in my practice. A young lady had been feeling unwell and feverish, and suffering acutely from pains in her wrists, elbows, and leg, from a Thursday evening. Believing it was not serious, no medical aid was sought until the following Tuesday afternoon, when I was sent for, and I had to surprise her friends by telling them my patient was suffering from that most dangerous malady, hyperpyrexia, her temperature as tested by the thermometer was 105.6. The young lady, with this alarming temperature, was downstairs, although so ill that she could not rise from her chair without great pain, indeed to do so was, to use her own words, "an agony." It perhaps may not surprise you that, although this high temperature was successfully reduced by both salicylic acid and salicylate of quinine, an unfortunate relapse occurred, the temperature suddenly rose to 107°, and she, to my deep regret, died on the twelfth day after my first visit. Had advice been sought and the treatment applied earlier might not this poor girl have had a better chance of recovery ?

How many cases of pneumonic-phthisis we attend that originate in a simple catarrh, and for which there is no cause save that of a neglected cold. Does a winter ever pass without our attending a pneumonia, a case of pleurisy that has been the result of measles that was so little thought of that no doctor was called in. Occasionally we are sent for hurriedly, perhaps in the the night, as I was last winter to a child dying from pericarditis with effusion. We learn the child had not been feeling quite well for the past week, but the parents did not think there was much the matter, "she was able to sit up yesterday, her breath was rather short, but she had only complained of a few growing pains." If a parent had his doctor always at his call without any extra expense would he be likely ever to mistake acute rheumatism for growing pains ?

A valued and aged medical friend objected to this system, as he thought if it were general our night bell would be always ringing ;

but we do not find our club patients trouble us in the night. For night visits, like fractures, would rank as extras.

A lay friend once told me a rich relative of his valued as the greatest blessing of her wealth that she could send for her medical man whenever she felt to want him, and she believed that she prolonged her life by so doing. I am therefore, after having given the subject much thought, of the opinion that there is much reason for adopting this mode for our payment. I have often, in making out a bill of £50, £30, or even £20, felt a feeling of sympathy for my patient whose means I believed were limited that has caused me sometimes and not infrequently to strike out a consultation fee, a night, or a few evening visits, or some extra amount that has been charged for a prolonged visit, or for some extra service rendered, and which, too, was rightly charged for, and yet it is very rarely that I have a heavy bill paid me that the attendance has not given me more thought and greater anxiety than perhaps a dozen others whose amount did not exceed a £5 or £10 note. Should fixed annual payments ever become the usual custom of remunerating ill, or well, the family doctor, the appointment of a Minister of Health, as suggested years ago by Dr. Richardson, would probably follow, conferring an honour and dignity upon the profession, health and happiness on the million, for medical men would of necessity have to see to the causes of the differences in the mortality average. Our medical officer of health has kindly given me the death-rate of twenty-eight large towns for the week ending August 28th, and I note while that of Hammersmith is only 14·3, and Bristol 13·8, and Bolton only 18, Brighton, the queen of watering-places, is as high as 22·4, Preston is 26, while Birmingham is 21, and Bradford only 16 per 1,000.

These differences would not be long without an explanation, and I fancy in time would almost cease to exist. Let health assurance become the general custom medical men would never if possible sign a certificate of death without being convinced of the cause of the fatal disease, and, if a preventable cause, find out why and how the illness occurred; we should seldom have a troublesome or any serious case without searching out its origin and taking diligent and effectual care to prevent a recurrence. We should vie with one another, not as to the length of our visiting list, but on the healthiness of the district in which we practised. Our profession

would gain in dignity, reverence, and respect, for we should be *preservers of health* as well as *healers of disease*. The doctor would then be able to rejoice in his month's holiday as easily as his now more favoured vicar, without having it spoilt or the calm serenity of his mind disturbed by pecuniary care, conscious that much was going out and but little coming in. For two or three summer months a third, or at least a fourth, of the medical men could easily and efficiently attend to the medical and surgical requirements of the public, and we should gladly arrange our holiday so that we could act as each others *locum tenens*, for one important *sine qua non* of this system would be that the contract should be annual, terminable, except by wilful or culpable negligence, only at the expiration of each year by giving three months previous notice that the contract will not be renewed. Let the public only see it is their interest to adopt this plan of health assurance, and I believe it will become popular, and one of the many serious results of a long illness would be gone, and convalescence perhaps in consequence of a quieter mind be quicker obtained. The subject merits, and only needs, the thoughtful attention and combination of the profession and the public to make it a success.

Gentlemen, I fear I have occupied your time rather much as to the probable causes of the gradual contraction of our incomes. I will now turn to the more cheering and hopeful side—the means for their expansion. The profession is full of elasticity, full of energy, vitality, and action; were it not so, and that I had no remedy to offer for an obvious fact—if I had only asked you patiently to endure the inevitable, my effort to-night would be as fruitless of result and as hopeless as was the task of Sisyphus. For any permanent improvement in the incomes of medical men we must have increased sources of revenue. Fresh medical appointments should be created, for the public require what the profession can give. I would suggest that pathologists should be appointed by the vestry in every district in the same manner as, and with a salary corresponding to, the medical officer of health, whose duty it should be to make or superintend and be responsible for every post-mortem ordered by the coroner. Medical men would be relieved from the making of post-mortems—a duty that, I think, would for the future be better performed by scientific experts not engaged in general practice. Post-mortems as conducted now are not, I fancy,

as effectual in the prevention of crime as they might become, and are—at least, occasionally—causes of peril to the lying-in woman. Medical men would still be required in the coroner's court, and as witnesses their evidence would be of great and increased value, especially in criminal cases of suspected poisoning, more so than if the medical attendant of the deceased had himself made the post-mortem, for he must be more or less a prejudiced witness according as he had previously from the symptoms during life formed his opinion that death was due or not to natural causes. As the law is, I believe a doctor would be very long before, and only on the strongest suspicion, he would communicate his thought that possibly the patient was not receiving fair play. I do not for a moment infer that any medical man would ever attempt to shield crime because of possible disagreeable sequences, but he may occasionally dismiss suspicion from his mind that ought to be thought over on account of the intense dread that is common to us all of causing misery to others that could never be effaced, or of bringing odium on yourself that could neither be forgotten nor forgiven, such as by exciting a suspicion that upon investigation might be proved to have no foundation. I could wish that this sometimes wholesome fear pervaded the legal mind a little more, so that our magistrates might perhaps investigate in their private room during the earlier stages the disgraceful and often groundless charges that are now not infrequently made against well-known and respected medical men by worthless or hysterical women. My next suggestion is that every ship that carries passengers should have its legally qualified medical man. A sea-voyage is now one of our most important (and I can even speak from personal experience) one of our most satisfactory means of cure. It is our business to see that our phthisical patient, to whom we advise a voyage to Australia, Egypt, or Madeira does not die on the way or the disease become aggravated by an attack of hæmoptysis that might have either been arrested or prevented had only the owner of the ship thought a doctor as necessary as a "cow or a stewardess." (a)

School Board Examiners should be appointed from the ranks of medicine. There are, I feel sure, no lack of qualified medical men

(a) "Single ships are frequently advertised, as an inducement to passengers, that they carry a stewardess, and a cow, and a *surgeon if necessary*."
—*Brit. Med. Journ.*, Sept. 4th.

who would prove competent examiners; there are young medicals waiting for appointments, engaged in scientific research, to whom for a time such a post of usefulness might be acceptable. Medical men could best gauge the capacity of children, and would be more likely to recognise early any sign of brain pressure. Every school, public or private, that numbered over 100 scholars should have its medical visitor, whose duty it should be periodically to inspect the school, and examine the children as to their physical health. By such appointments disease would then be earlier recognised, fevers and other contagious diseases would be much lessened, contagion would be almost prevented; skin ailments, such as scabies, scald-head, eczema and the like, would cease. The eyesight of children would be preserved, and the juvenile in spectacles less frequently seen.

Death certificates must be paid for by the State, for whose benefit they are given. Year by year these certificates are more reliable and of greater value, and ought no longer to be exacted from a hard-worked and laborious profession. Club and all other certificates should never be given gratis, but in the case of clubs the fee must be small, but the solicitor seeks for the appointment of commissioner of oaths, and does not consider the small silver fee for taking an affidavit incompatible with the dignity of his calling. Respectable and well-to-do tradesmen, whose rent is £60 or £100 a year, must not join Foresters, Odd Fellows, and other clubs, and expect the club to attend them when ill for 1d. a week, a sum always inadequate, and intended only for the wage earning class.

The public are beginning to ask our opinion in sanitary and other matters as they never did before. It is not unusual to receive a letter from a patient asking if a certain locality is healthy and suitable for his or her constitution. We must let the public understand that, although we have given up the charging for medicines, we do charge for our advice; letters of advice, with or without prescription, must be paid for. More time is consumed in writing a letter than is occupied in seeing two patients in our consulting room, but the public do not yet like to see this item charged in our Christmas account. In the early part of my address I mentioned that an amendment of the Vaccination Act is needed. If every general practitioner who desired were appointed a public vaccinator, although it would not add collectively to the money

earned by the profession, and to some might appear to be robbing Peter to pay Paul, yet I deem it would prove to be the greater good for the greater number. It would in great measure do away with the odium that is now attached to compulsory vaccination, and while it would prove a public benefit, it would probably add £20 or £30 a year to many small incomes. (The sum of £175,956 was the other day voted by the Commons for efficient vaccination.) We should then be better able to supply ourselves with a store of healthy lymph, and thus the alteration of the Act would prove a great convenience to many of us, and would lead to the more efficient and frequent vaccination, and thus promote the public health. I for one strongly feel that there is an amount of coercion about the Vaccination Act that is detrimental to its efficient working. I believe that the practice of limiting the number of public vaccinators to two or three in a large district, and the custom of the guardians giving these appointments only to their district officers, as perhaps a compensation for inadequate salary, is greatly responsible for the unpopularity of vaccination amongst the poor, and is also responsible for the scarcity of the supply of vaccine lymph, and by its frequent inertness and occasional impurity gives a handle to the anti-vaccinator, and is antagonistic to the stamping-out of small-pox. As a result of this limiting the number of public vaccinators, lymph is wasted that is urgently required by many of us, and impure lymph is occasionally taken, and disease is disseminated. The public vaccinator can know little or nothing of the family history of the child from whom he takes even perhaps a large supply of lymph; some of the healthiest looking children at the age of three months have yet the germs of terrible disease existing unknown and unrecognised. The best and most successful of all vaccination is from arm-to-arm; it is the most painless and the most satisfactory. I have never found a child insusceptible to this plan of vaccinating. On the contrary, who of us has not failed over and over again when they have vaccinated either from tubes or with points supplied by Government, and often, though less frequently, with the points or tubes we have charged ourselves? Who is there who is not occasionally annoyed and the cause of disappointment to a patient by having no store of lymph by him that he likes to use? To write to the Local Government Board occasions delay, and then we only obtain two points, or one tube,

and if you require to vaccinate two or three children this is not sufficient. I think if every general practitioner who desired were a public vaccinator, insusceptibility to vaccination would be almost unknown. The poor mother ought to be able to go to any general practitioner in her neighbourhood whom she might choose to select to vaccinate her baby, and at the public cost. The fee is not large, but as the operation of vaccination gives little trouble, it is remunerative, and would ensure the majority of medical men being well supplied with lymph taken from the children of their own patients whom they know something about. The compulsory nature of the Vaccination Act would appear sensibly less, and I do not think there would be as large a proportion of children unvaccinated, even in Leicester, where there now numbers as *many as ten thousand defaulters*.

My next, and perhaps my best, proposal, although rather an innovation, is that the staff of our hospitals should be paid. A generous profession has given what a wealthy nation should no longer accept, and what the profession should no longer offer. True, there are perhaps but few hospitals who could sustain at present this great addition to their expenditure, but it ought to be the interest of those who care for the sick and injured poor to reflect and consider, although it may be the glory of England's philanthropy, and please the pride of the Englishman to point to our noble hospitals supported by voluntary contributions, is it an equal honour to their rich governors and supporters that they accept for the patients of these grand buildings the gratuitous services of medical men? The way that the burden of the cost of the medical staff might be easiest provided should be by Government grants. A little of the immense sums lavished by our School Boards on an unfitting education would show better results if spent in restoring the health and preserving the lives of our artisans, mechanics, and labouring poor. And now I come to a greater grievance under which we general practitioners groan.

We who thirst for knowledge, who by all the means in our power endeavour to make ourselves the deservedly trusted advisers of the public. "We who love knowledge, who would not fix her pillars, and rail not at her beauty" do feel ourselves handicapped by such laws as pertain to many hospitals. "That no general practitioner should be eligible for the appointment either of physi-

cian or surgeon." As regards the very large metropolitan hospitals to which a school is attached, some such rule as this may be necessary and healthful, for we must always have our great operators—surgeons who early in their career have shown proof of their surgical dexterity, and the special skill of an accomplished operator needs opportunity for its development and for the cultivation of a natural gift. A surgeon is born not made, and yet no man can become a successful surgeon except by the frequent practice of his art. To me it has seemed passing strange that a man who has the highest qualifications, a large practice amongst the rich, and perhaps a favourite with the poor, yet he is out-barred by such a regulation as I have named, and cannot aspire to rank on the staff of the hospital of his neighbourhood.

At the present time when there is so much talk about the mismanagement of the out-patients' department of our hospitals, it strikes me that it would prove a public good, and be a step in the right direction, if at least one of the assistant physicians and one of the assistant surgeons should be one of the general practitioners of the neighbourhood, and where the staff of the hospital resides miles away it would surely be an advantage to have a surgeon of both experience and age in call, ready for a sudden emergency. Did time permit I could give instances where surgical skill is limited and surgical knowledge narrowed by the entire exclusion of the general practitioner from hospital appointments. Is not a regulation of this kind a professional grievance, a blot on deserving men?

Time bids me hasten to a topic that has of late absorbed much of the thought of the profession, and may almost be said to be the question of the hour. I allude to the ethics of consultations. The *British Medical Journal*, of May 29th, had a leader on the duties of the consultant; this was followed by a circular sent to most if not all general practitioners, wherein it was given as the opinion of a new society, termed the Association of General Practitioners, that the dignity of the profession and the welfare of its members could be more effectually maintained by clearly defining the position which one section of the profession held in relation with the other consultant and general practitioners. This new association further recommends that the consultant should be applied to for advice by the practitioner, and not by the patient,

and the advice should be given for the instruction of the practitioner in the management of the case, and not for the instruction of the patient, after the example of the legal profession, where counsel's opinion is given to the solicitor, and not to his client. They consider that a class of special consultants who would only act in this higher function was needed, and that general practitioners should almost pledge themselves to call in these consulting physicians to the exclusion of all others who would not bind themselves not to see patients independently of their usual medical man. The circulation of these advanced opinions among the profession called for several replies. Leaders followed in most of the medical papers, and our weekly journals teemed with letters more or less lengthy on the subject. After thoughtfully reading and re-perusing the circular mentioned, and talking the matter over with several of my medical friends and brother practitioners, I feel I could not go with the views advocated by this Association of General Practitioners. That the consultants should more frequently and, indeed, perhaps always, follow the practice of Sir James Paget, Sir Spencer Wells, Dr. Priestley, Dr. Gowers, who have invariably sent their prescriptions accompanied by a courteous letter to me, even when my patient had gone to them by their own desire, and even without my knowledge : and this ought to be the universal custom. The opinion of the consultant would then be of more value, and do more honour to the dignity of medicine, and also tend to its nearer approach to the exact sciences in correctness. If it were the custom for the consultant to see no patient who was still under or had been recently under medical treatment by a general practitioner except in his presence, and in consultation with him. Not so very long since a gentleman came to me rather irate, saying, "I took my wife to a physician this morning, and I find you have made a great mistake, for he told me she has very advanced Bright's disease and can't live long." I replied with great coolness: "It is possible that your wife may be suffering from Bright's disease, but that it is not advanced I am quite sure, for when I tested her urine a few weeks ago, it was quite normal." "Oh! well the physician tested it, and said it was almost solid from albumen, and he considered her condition so critical that he refused *again* to prescribe for her until he had seen you." "Well," I replied, "I will go and talk the case over with him to-

morrow morning, provided you will this evening send me some of your wife's urine that I may carefully examine it." This he did, after carefully searching the field for more than an hour under a good microscope, neither myself nor my assistant (a distinguished scholar of the Westminster Hospital) could find the smallest cast, nor any evidence of Bright's disease, but there was a large number of small granular pus corpuscles. The urine was loaded with pus, and responded to every test for pus, and the small quantity of albumen that was present was due almost entirely to the abundance of pus, the patient had been suffering from peri- or paruterine cellulitis after abortion, probably followed by an abscess in the pelvis of the kidney. I met the physician the next morning, and when I asked him if he had placed the urine under the microscope, or if he had tested for pus, he answered, "No." And when we subsequently met at the bedside, and I proved to him by testing the urine in his presence, the existence of pus, he said, "Yes, you made a good shot there." I continued in attendance, and the patient recovered, but I feel sure she thinks she owes her life to this gentleman, and that he cured her from a malignant disease, because a tumour dispersed that was at one time diagnosed by another *physician* who had seen her previously as a dislocated spleen, and she frequently goes to the first-mentioned physician independently of me, only seeking my advice when too ill, or inconvenient to go to town.

On April 7th, a lady went with a letter from me to a leading obstetric physician whom she had been recommended to consult as to whether she was pregnant, and if so, whether she might go to the end of her pregnancy, as she had already had two children with great difficulty, and by instrumental aid, the first stillborn, and the other died when a few weeks old. The consultant after careful and thorough examination, both digital and by speculum, wrote to me as follows:—"I do not think Mrs. A. is pregnant. If she be so, there are as yet no distinctive signs. The uterus is somewhat large, as though it had not perfectly contracted after her last delivery. I suppose the uterine inertia which you told me was obvious during her last labour has been prolonged after convalescence. There is evidence of want of tone and power in the uterus and appendages, and until this is restored, fresh pregnancy is less likely to take place." I replied, "The inertia that was

evident before the birth of the child did not continue afterwards, that the uterus contracted well, and that the third stage of labour was in every way normal. The enlargement of the uterus was not due to sub-involution occurring after her last labour." I told the lady's husband, for the very reason that the physician gave for believing his wife was not pregnant confirmed me in my opinion that she was. Mrs. A. quickened five or six weeks after this, and was confined on July 7th of a living male child about the sixth or seventh month of gestation. Had I only accompanied my patient I am quite sure the consultant would not have given it as his opinion that Mrs. A. was not pregnant, neither in the former case would the consultant physician have diagnosed pus in the urine as evidence of advanced Bright's disease.

Consultations are needed both by the public and ourselves, and are very frequently followed by benefit to the patient, and of comfort to relatives and friends, and of lessened and divided anxiety to ourselves. This is specially the case *when the consultation is suggested by ourselves*; but we cannot afford to be blotted out either by physicians or surgeons. In the cases of operations the general practitioner ought to be able to attend to the after-treatment of any operation. Neither ought the expert to pay more than one visit afterwards, unless requested by the surgeon in charge.

I am fearful I have already begun to tax your extreme patience, but at the present time to close my address without one word as to recent medical legislation, to myself and to some of you would appear an omission.

The almost expiring act of the last Parliament passed the Medical Bill of 1886, when, to quote the words of the *Lancet*, "The profession had well nigh lost faith in the power of Parliament to pass any bill dealing thoroughly with the questions involved in any adequate scheme of medical reform."

The Medical Act Amendment Bill of 1886 still leaves much to be desired. It has dealt tenderly with vested interests. It does not give what was so urgently desired, a one-portal system, nor does it equalise the severity of the cost of what should be equivalent examination. It is wanting in a penal clause, charlatans and herbalists will still flourish, sailing dangerously near for the public safety the lines of medicine, and many of the recommenda-

tions of the Royal Commission were quite discarded. But the Act gives us for the first time a voice in the General Medical Council. True, we are but a small minority "magnas inter opes inops," which I would construe, "helpless amongst great power," for wealth is power, yet we can make this minority, by a wise selection of our direct medical representatives, both powerful and effective.

At present I think we owe great gratitude to all of the medical press, who by powerful leaders have advocated our claims for a voice in the government of our profession. To the *Lancet*, *British Medical Journal*, Dr. Waters, Sir Lyon Playfair, and to Sir Walter Foster, by whose special action and unwearied energy this privilege was conceded. Whether this feeling of thankfulness shall last, and the Act continue to deserve the thanks of the profession, and the time, expense, and thought that it has cost our legislators, must depend upon the gentlemen the profession will elect as their direct medical representatives. I hope most of them, and in time all of them will be chosen from the ranks of the general practitioner, but more important is it that they should be men who know, who will study the wants, the wishes of the large and important section of the profession whom they will have the honour of representing in the medical parliament. That they will carefully scrutinise the foreign diplomas they will be asked to register. That they will see that the recommendations and the defects that the new inspectors of examinations may point out are both considered and rectified, so that the various diplomas will only be granted for the future to those who have shown a safe knowledge of medicine, surgery, and midwifery.

Dr. Mapother, in his most able and eloquent address on Public Health, gave it as his opinion that if the Apothecaries' Hall in Ireland be raised into a full licensing body (and the legality of so doing appeared to him questionable) the medical profession in Ireland will have lost far more than it will have gained by the Medical Act. I feel sure this applies with even greater force to the Apothecaries' Hall of England, and should the College of Physicians and the College of Surgeons still refuse them any share in granting their conjoint diploma, it is to be hoped that the profession will not have to submit to their granting a separate diploma, unless at the same time the privileges for the future of the

Hall's licence should be curtailed, and that its future licentiates should only be permitted to practise as house-physicians, house-surgeons, or assistants to medical men and other subordinate posts until further qualified. The Hall would then again do useful work, would greatly lessen the number of unqualified assistants, and its license, necessary as it would become as a stepping-stone to practice, would be almost universally taken.

The Lunacy Act Amendment Bill is still waiting completion, and medical men are hesitating at signing certificates. A medical friend, a visitor in lunacy, told me the other day that in the country there is the greatest difficulty in getting certificates signed, yet I believe the time is not far off when, if we are not altogether relieved of this duty, every medical man who in good faith signs a lunacy certificate after patient and careful investigation will be secured from vexations actions on the part of the assumed or recovered lunatic or his friends.

The late lamented death, by his own act, of an accomplished and successful physician, leads me to express what I have in my practice felt the need of, *i.e.*, mental sanatoria, retreats, not asylums, where we could send a patient who required, and who might even feel a conscious need of mental rest, and to whom it would be a positive relief to know he was under kind and welcome medical supervision; but to make this method of cure both welcome and usual, we doctors must convince the public that the brain in this busy, stirring age needs rest, absolute rest, as much as any worn and tired organ, and that the stigma that is now so unfortunately attached to even a temporary abeyance of intellectual function ought never to exist. It is this stigma, the conscious dread of a possible clouding of the intellect, and the fear of the degradation and loss to himself and others that appears must follow, that has cost, I think, the sacrifice of many a promising and incompleated life. Temporary insanity is more frequent than it used to be, and its too frequent termination is very saddening, while no form of insanity is so hopeful and so curable; but functional as it is, and curable as its very name implies, if mismanaged it may end in the dreaded termination, and if by watchful care this is prevented, may lapse into profound and hopeless melancholia. I have often thought the founder of our Indian Empire, Lord Clive, who died by his own act, when only

forty-nine, died because his disease was never recognised, and no precautions were taken to prevent the sad ending of an eventful and glorious life, although in early life he had twice attempted suicide. An Englishman must be the major domo in his own house, and it is almost impossible in consequence to cure a case of melancholia, even in an early stage in the patient's own home, surrounded as he is by the very circumstances, real or imaginary annoyances, that have conduced to his loss of mental health. It behoves the profession and the public to minimise and eradicate the present *stigma* attached to lunacy, for it is this reason that patients are frequently not soon enough placed in that condition where they might speedily recover. I desire to advocate private mental sanatoria for cases of supposed temporary insanity where no patient could, on any account, remain longer than one calendar month. I think these sanatoriums or homes would supply a want and prove an inestimable blessing, and before long become even popular, provided every care was taken to distinguish them from asylums, so that no reproach could cling to the patients or to their friends by the acceptance of the care and quiet seclusion and rest these homes would offer. I was much struck in reading an obituary notice of the late Victor Hugo, whom all France mourned, that his father died insane, and that his daughter at an early age committed suicide, and who knows if Victor Hugo had not ridden buoyantly on the crest of the wave of success, he too, in the eloquent language of Macaulay, might have been afflicted with that "strange melancholy which rejoiceth exceedingly, and is glad when it can find the grave." We need more sympathy for him whose thought is—

"Oh, that this too too solid flesh would melt,
Thaw, and resolve itself into a dew !
Or that the Everlasting had not fix'd
His canon 'gainst self-slaughter."

In the magnanimous philanthropy that is the custom as it is the fashion of the present age, when every man is his brother's keeper, I almost fear that I have dwelt too long on matters affecting the self-interest of the profession, but I hope I have shown that our interest is only that of the public, and trust that I have acted wisely in wandering from my first thought of symptomatology for the subject of my address, and although I should have dilated

with delight and almost reverence on certain signs and symptoms that have been as pillars of light to me in my daily practice, I should have called your attention to the *stiffness in the calf of the leg* that precedes, just as the lying-in patient appears convalescent, an attack of phlegmasia dolens. To the *dropping of the pen* in writing, and the *falling of the fork at meals*, that may appear at first almost to be accidental, but are too surely the prelude to an attack of progressive muscular atrophy. To the *peculiar sluggishness of the pupil* that ought to warn that we have a case of chronic senile glaucoma, although there may be no tension, these symptoms I have never seen noticed in text-books, and yet are as significant as the trembling of the tongue and the ferrety eye by which we may sometimes alone diagnose typhus. But these striking facts, important as they may be, are probably known to all of you, and, therefore, I have preferred to frame my address on topics that are just now, perhaps, causing thought and conversation to many, and are more or less of interest to most of us.

One request, and one only, I have to make before I sit down, *i.e.*, to ask you all to take part, at least occasionally, in the discussions of the ensuing session. An old author, Thomas Fuller, once said "There is much concealed strength in men's memories that they take no notice of." One of our distinguished members once gave me as a reason why he never took part in our discussions was, that if he waited long enough he always found some speaker said just what he was thinking of speaking, but I doubt if it was always what he would have said, and I further doubt if it was always as well said, for my friend is a man of learning, a man whose experience is only equalled by his exceeding modesty. Here I would fain remind him of a familiar line in his Virgil the next time that he feels inclined to speak, "*Jam tempus ageres,*" and I hope he will soon become of the opinion of the late Charles Kingsley, that of sitting, as of all other carnal pleasures, comes satiety, and that his voice will soon be heard at our meetings. #

I shall be glad if any suggestions that I have made to-night should prove acceptable even for your thought, but how much more if after consideration, any of my propositions might become practicable and useful to the profession. I do think by "Direct Medical Representation" we have our welfare more in our own hands than we have ever had. We only need a little more con-

certed action to extract the good from the vantage point that we have at last reached. Few of us will, or can expect to become rich, fewer still will be able to accumulate by his practice the fortune of even Dandridge, the old apothecary, the *protegé* of Radcliffe, from whom we learn by Dr. Monk, in his pages of the "Gold Headed Cane," died worth £50,000. If we of to-day have lost the patronage of the physician, we are more than compensated by the satisfaction that our borders are enlarged, our sphere of usefulness extended, we have more right than formerly even to the somewhat egotistical motto of the Apothecaries' Society, "Opiferque per orbem dicor," and although by the necessity of our profession we must know something of that sorrowful sympathy that sickens when doomed to witness agony that it cannot relieve; and if the ancient Greeks were right in their estimation of happiness, whose most enlightened of their wise men conceived that true happiness might ever be found in the recollection of good done to others, we of all men may expect to be happy, and have, too, the better chance of Ruskin's most cheering belief that each of us as we tread the way of life has the opportunity according to our working of turning all the voices of Nature into one song of rejoicing.

With the warmest appreciation of your kind attention to this rather discursive address I close, heartily assuring you I will spare no effort to promote the continued and almost unparalleled success of the West London Medico-Chirurgical Society for, *ab imo pectore*, "I magnify my office."
