the provision for lepers much more widely than it existed at present.

The Executive Committee appointed included Baron F. Rothschild, M.P.; The Bishop of London; Mr. Curzon, M.P.; Cardinal Manning; Sir W. Guyer Hunter; Sir J. Paget; and Mr. J. Hutchinson.

PROPOSED PUBLIC MEDICAL SERVICE OF ENGLAND.

By ROBERT R. RENTOUL, M.D.

OBJECT.

THE providing of medical treatment for those wage earners who are making from 20s. to 45s. per week for the entire family, on their making small immediate payments, of 2s. for the first visit and 1s. for subsequent visits during the same illness, or 4s. per week, paid in advance, for five visits. [Such a scheme would include those in domestic service, shop and factory hands, some clerks, mechanics, and small shopkeepers, these being the classes who generally frequent and overcrowd the out-patient departments of the medical charities. It will not arrange for the providing of medical treatment at the homes of wage earners.]

PROPOSED RULES.

1. That each town or city be divided into as many districts as necessary, a branch being established in each. The rent of the branch to vary from £25 to £45 per annum, and the branch to be situated in the locality in which the patients live.
2. That each branch staff consist of three to six medical practitioners and a dental surgeon. Medical and dental staff to be registered. No unqualified men to be engaged to assist or to act as *locum tenens*. Each practitioner to practise, in so far as he wishes, that branch of his profession which he may select, and to arrange the days and hours on which he will treat patients at the branch. Each practitioner to take the fees paid to him by the patient, but in cases of operations the doctors to arrange beforehand to assist each other, and at a certain division of the fees paid in this case. No practitioner who keeps an open or branch dispensary, or an unqualified assistant, to be eligible to serve on the staff. Practitioners who have resided in the locality for two years to be eligible to serve.
3. The rates and taxes and other expenses of the branch to be defrayed by an equal levy on the medical staff, but no expenditure to be incurred without the consent of two-thirds of the staff.
4. That the registered chemists in the vicinity of each branch supply medicine to the patients at the rate of 4d. for each prescription, this sum to be paid to the chemist by the patient when the prescription is left to be dispensed. No prescription to be dispensed a second time by the chemist unless the patient has been advised again by his doctor. Prescriptions to be retained and stamped and dated by the chemist. Standard mixtures, their formulae to be arranged by the medical staff along with the chemists, to be prescribed, as far as is consistent with the right treatment of the patient. No prescriptions to be copied by the chemist into his books. No drugs to be dispensed by the medical staff either at the branch or at their homes to the branch patients. The medical staff not to use any influence with patients so as to induce them to go to any particular chemist, but each patient to select whom he wishes, or that one who has recommended him to seek advice. Chemists to have the right to refuse to dispense a prescription on more than one occasion, if they believe that the patient so prescribed for is above the 45s. "wage limit," and until they discuss the matter with the doctor who has prescribed, and to arrange accordingly. [Such a plan is now carried out by many doctors who have clubs, and by those who act as surgeons to post office officials. It would also save the cost of drugs and dispenser to the service, and by gaining the co-operation of chemists would do away with what is known as "counter prescribing," or "prescribing chemists." The sum paid for drugs at 119 London hospitals in 1885 was £48,974, while at Liverpool eighteen hospitals spent £26,655.]
5. That the medical staff of each branch possess the right to refuse treatment to any who they know are making over the 45s. "wage limit" and further, that each doctor has the right to remonstrate with his *confrères* when he knows that a patient is receiving treatment who is above the "wage limit." And that each practitioner has the right to tell patients to come to his house in cases where any special examination, as of the eye, ear, or throat, etc., is required, provided always that the patient is charged the Service fee.
6. That the fee for vaccination with human lymph be 2s. 6d., and with calf lymph, 3s. 6d.; including the filling up of certificate. No death certificates to be charged for. Certificates with examination to be 2s., and ordinary sick club certificates, 1s. No death certificates to be granted unless the patient has been seen within twenty-four hours by the doctor.
7. That registered dental surgeons be asked to co-operate, and that they arrange the days and hours on which they treat patients, and that patients be treated at the dentist's residence. That the scale of immediate payments be: Extractions, one tooth, 2s., and each extra tooth, 6d. Extractions under gas, 4s., and each extra tooth, 6d. Extractions under ether or chloroform, 12s. 6d. Stopping with amalgam, 2s. per tooth. Stopping with gold, 4s. per tooth. Artificial teeth and vulcanite plate, 4s. 6d., and every extra tooth, 3s. Immediate payments to be made by the patients to the dental surgeon.
8. That the fee for surgical operations performed at the branch—the operations being of the class usually done at the out-patient departments of medical charities—be not less than 10s. or more than £1 1s. (anæsthetic included), and that this fee do not cover the subsequent visits made for dressings or advice.
9. Patients to have the right to complain to the branch committee, and further, to the central board. Complaints to be made in writing, and not less than six days after the alleged irregularity.

CONSTITUTION.

A Central Board for each city, or town, to be composed of one medical practitioner, one dental surgeon, and one chemist from each Branch—each elected by the Branch Committee—to have supreme control. This Central Board to elect twelve public laymen who take an interest in provident and thrift subjects, these being eligible for re-election each year. The Board to hold quarterly and annual meetings. Application to be made by not less than three medical practitioners, not in partnership, to the board when they wish to form a new branch. No one to use the title "Public Medical Service" without the written permission of the central board. Each Branch to have a committee composed of the medical and dental staff, and a number of chemists equal in number to the medical staff. This committee to meet monthly or quarterly to discuss matters affecting the welfare of the branch, and to elect one doctor, one dentist, and one chemist, to represent the branch on the Central Board. No Branches to alter, or add to, any rules passed by the board. Proposed alterations to be sent in six weeks before the annual meeting. No branch to in any way canvass for patients, to distribute handbills, or to have any printed material on the branch other than a small brass plate on the entrance door, with the name of the service, and of the branch on it. Each Branch to fill up vacancies occurring in the medical and dental staff.

Proposed Form of Patient's Card.—Book to be cardboard, 4 inches by 3 inches. On front page: "Public Medical Service of England;" name of Branch and address; name of doctor, and hours; "Always bring this book with you." On back page: List of medical and dental staff, with address and hours of the latter; scale of fees; rules referring to patients. Two inside pages: No.; name and address of patient; names and addresses of chemists; space for prescriptions.

[Each Branch may have a man and wife to reside there, the latter to act as matron; these to occupy rent free. It will be easy to obtain the services of a retired midwifery nurse or a pensioner and his wife.]

HOSPITAL CO-OPERATION WITH THE PUBLIC MEDICAL SERVICE.

It is absolutely necessary for the success of this Service that the authorities of the medical charities co-operate. No connection whatever shall exist between the two in so far as referring patients to the charities for treatment, or using them for teaching purposes is concerned, for the patients of the Service are in no way eligible for charitable relief; and further, no honorary subscriptions or public collections shall be taken up to aid the Service, it being understood that it is entirely self-supporting.

Hospital co-operation must exist, as in no case yet reported has a Pay or Provident Service been known to succeed when it has had to compete against a free hospital at which all classes are treated. The different plans of hospital co-operation have been noticed by me in the JOURNAL. The main features of it are:

That hospital committees meet and fix a "poverty scale," and so decide who are eligible for charitable medical aid. My suggestion is that out-patient treatment be refused when man and wife make over 25s. per week; single man or woman, 20s.; each child of family, 1s. 6d. That no one be refused first treatment, but that second attendances be refused unless the patient has his "card" stamped by an official appointed to inquire into his social circumstances. Each patient to state on a printed form: Name; age; address; occupation; name of employer; amount of weekly wage; married or single; number of family; in or out of employment; receipt of outdoor relief.

The social circumstances of the patients may be inquired into by one of two well-known ways: first, by having a waiting-hall inspector, paid and appointed by the hospital, as is done at St. Bartholomew's and the London Hospital; secondly, by using the Manchester system, where each hospital sends a list of patients with their addresses to the Charity Organisation Society, whose inspectors inquire into the social conditions of applicants, and who refuse to stamp the hospital card of the patients if they are making over their "poverty scale," the hospital authorities also refusing further treatment.

It has lately been shown¹ that the abuse rate at the out-patient departments of hospitals—taking the above "poverty-scale" as a basis—is about 50 per cent. of the whole. Allowing 5 per cent. of these abuse cases to be above the 45s. wage limit and so able to pay the usual medical fees, 95 per cent. would be eligible for the Public Medical Service. I have lately pointed out² that, during 1885, 130 London hospitals treated 1,179,661 out-patients; that 18 Liverpool hospitals treated 244,831 out-patients; and that 12 Glasgow charities, according to the statement of Dr. J. Erskine,³ treated 72,217 out-patients. These numbers added together give a total of 1,496,709 out-patients treated in only three cities. If 50 per cent. of this total (748,354) were refused treatment at the charities, this would give 710,936 persons for the Public Medical Service, after deducting the above 5 per cent. (37,417) who would be rendered ineligible owing to the 45s. wage limit. Supposing the number refused in 30 other large towns could be added on, can it not readily be seen what a fine Service may be created if only there is some combination and organisation? Let us see if it be true that the medical profession is incapable of organising.

ABOVE SERVICE NOT COMPLETE AS FAR AS SUPPLYING THE ENTIRE MEDICAL WANTS OF THE WAGE-EARNING CLASSES.

This proposed Public Medical Service does not make any arrangements for providing medical treatment for patients at their homes. It is based on the knowledge that the out-patient departments of our hospitals are overcrowded, and by a class who can

¹ JOURNAL, May 25th, 1889.

² JOURNAL, February 2nd, 1889.

³ Glasgow Med. Journal, 1886.

have no difficulty in paying small immediate fees, and also on the fact that they are unable to pay the usual medical fees of 3s. 6d. to 5s., and 1s. 8d. for a bottle of medicine. The first statement is shown to be true by the figures given by me in the JOURNAL for February 2nd, 1889, where it is stated that the sum paid by patients at seventy-two charities was £36,334. By having a system of small immediate payments the great expenses of book-keeping, making out of accounts, postage, payment of collector, bad debts, and county court will be prevented, and with the result that wage-earners, by thus reducing the expenses of management, will be able to obtain skilled medical treatment for a smaller fee than they could otherwise.

The Public Medical Service, with hospital co-operation, will therefore provide treatment for those who are sufficiently strong in body to go to the branch. If, however, a scheme is to be as perfect as possible, provision should be made for those who are too ill to leave their homes. This can be done by establishing publicly managed and well-conducted Provident Societies. Unfortunately, the "provident dispensary" system has never had a fair trial, owing to the wild competition for patients existing between it and the free hospitals. Moreover, the expenses of a provident dispensary are so great that the small payments made by the members during health and sickness are altogether unable to cover them. Rent and taxes, coal and gas, drugs, printing and stationery, furniture, wages of dispenser and collector, swallow up all the members' payments, and with the result that this provident scheme turns out to be, in so far as the medical staff is concerned, a charity. Dr. Stewart, of Manchester, in the *Glasgow Medical Journal*, 1884, has given his experience of two years' work in the provident dispensary there, and finds that for 12,096 night and day visits he was paid at the rate of 4.716d. per visit. The skilled mechanic claims over 10d. per hour and extra pay for work over time! In the JOURNAL for January 18th, 1887, I have collected statistics of eighty-eight provident dispensaries, having a membership of 293,720. But these, I find, pay their doctors, on an average, 4½d. per visit. This "rate of remuneration" is absurd, and, rightly, medical men refuse to sanction such, saying, that if they give their services, they would prefer to present them as a charity rather than allow well-to-do wage-earners to pretend they were paying for what they received. There is really no further necessity for medical men to start another plan of charitable medical relief. The limit of unpaid medical services has, as Dr. Fairlie Clarke said in 1875, been reached, and it is the duty of medical practitioners to avoid being taunted with the statement that, next to the poor-law, their profession is the greatest pauperising agency in the country. What a pity it is that each young medical practitioner, who "seeing how destitute his neighbourhood is of the means of providing the poor with skilled medical aid, has resolved, with the aid of some Christian friends, to establish a hospital," and so on, had not turned his mind to provident and thrift subjects. May we benefit by the mistakes of the past! Dr. Stewart asks—and we should answer—the very pertinent question, "Is there any virtue in giving an article to a man for less than its real or market value when he is able to pay the full value for it?" In order, therefore, that a provident scheme may be worthy of the name, it must have honorary subscribers—that is, unless the medical staff agree to work for well-to-do people for nothing. Perhaps the plan followed in Germany, where there is compulsory insurance against sickness, accident, and old age, is the best. There the employer is made to pay a sum equal to half the amount paid by the *employé*. There must also be a sliding scale of payments for infants, children, adults, old people, and chronic invalids; while the rule giving a member the right to demand "immediate treatment" by the payment of 5s. or 10s. must be obliterated, it being entirely foreign and most injurious to any insurance scheme. Again, the rule which states that not more than four children of a family are to be charged for, the remainder being treated free—that is, as charity cases—is absurd, as it gives about 13 per cent. of the whole number the right to receive without paying. It is a pity that the provident system had not been started on a fair working basis; but it is to be remembered that it has had to compete against the fearful odds offered by the free hospitals. In principle it is perfect, and no doubt, if the Public Medical Service cannot secure hospital co-operation, it will have to fight against those hospitals which charge from 1d. to 2d. per visit, and will accordingly have to charge similar fees.

I claim, if the above schemes were carried out:—

1. That a great strain would be taken off the funds of our medical charities if they ceased to provide medical aid for those who are well able to pay for it. The genuine sick poor would then receive proper attention, instead of, as now, being driven back on the poor-law. The present gross abuses of our hospitals are slowly stifling charitable feelings, and if these go on the public will take as little interest in them as they now do in the parish infirmaries. There is little use in saying that wage-earners as a body are unable to pay the small fees of a public medical service, for even in the East End of London, Mr. C. Booth has lately shown that out of its population of 908,958, 577,000, or 65 per cent., "are classes in comfort and rising to affluence."

2. That the tone and manly feelings of wage-earners would be increased, and that they will be encouraged in the way of self-help and self-respect. These feelings are being gradually undermined owing to the poor-law, medical charities, and other forms of relief, while the degradation of character due to this feeling of dependence on the charity of others is working enormous evil. No doubt many wage-earners hold that it is the duty of their employers to provide them with medical treatment and medicine; hence, not looking on this provision of aid as a charity, but as a right, no feelings of gratitude are created. When free treatment is given to all at the hospitals, then the greatest incentives to frugality, sobriety, and independence are withdrawn. I think it is no exaggeration to say that on the happiness, welfare, and contentment of the wage-earning classes of England depend, to a great extent, the prosperity of this country. There is, or should be, in every one of us a feeling which perhaps may be described as the "necessity of providing," and the person who either actively or passively hinders the progress of this incentive, either for the purpose of bringing himself into prominence or notoriety, or for the purpose of keeping down the working classes, is an enemy. Christian almsgiving is a religious duty, but only when the recipient is worthy of relief. When given to others it works evil, for it is found in all instances that pauperism, or a dependence on the frugality and work of others, increases in direct proportion to the funds provided for the indolent. The statistics of our medical charities show, like those of the poor-law, that this dependence of the wage-earner on the charity of others is largely a preventable disease. Perhaps when some *soi-disant* philia thropist succeeds in demoralising and debasing the wage-earners, by doling out just as much charity as brings the givers into notoriety, to a low level of servility and dependence, the public will put a stop to what might be termed "trading in hospitals." The demand for charitable aid by the well-to-do is mainly due to the encouragement it receives—it grows by what it feeds on. This is an unpleasant fact, but it had better be grasped at once. A short time ago a guardian asked a man who was making 52s. a week, but who was spending all he made, "What will you do when old age comes?" "I'll do as my father did—go to the workhouse." "I'll go to the hospital" seems to be the outcome of the present-day teaching.

3. The happy and old-fashioned doctrine of "live and let live" among the public, medical practitioners, and chemists would be encouraged. It is useless for the wage-earner to say that because he gives his penny for his bottle of medicine, or drops it into the hospital Saturday box, he is paying for what he gets, while all the time he does not pay the doctor who treats him at the hospital. He is, therefore, a pure charity case in so far as the doctor is concerned. This point cannot be too prominently dwelt upon, more especially as the wage-earner now often says, "I pay for what I receive." It is well known that the demands now made upon the services of doctors are far too great, and that the average payment for services is too small. If a public medical service had anything to do with true medical charity, one would not speak on this subject of payments. Further, it may be said, perhaps, that this service is for the benefit of doctors. Well, if it be so, why deny it? Do merchants and other business men not combine together to offer their services for a certain sum, only with this very great difference, that members of the medical profession try to make their charges harmonise with the social conditions of the patient?

No doubt the above proposals will meet with some opposition, but this will just be the amount of resistance required to call forth a little extra exertion on the part of its sympathisers. A final acceptance must take place, else the springs of charity will be dried up. I would appeal to those of the clergy who advocate the virtue of giving to impress on their hearers that it is no charity to provide the well-to-do with that which they can easily obtain by their own efforts and at their own expense, but to tell them that it is not right of them to steal the funds provided for the aid of the poor.

A large and ever-growing number of medical men are determined that the time has come when an effort must be made. Sir Spencer Wells, Sir Charles Trevelyan, Messrs. T. Holmes, Fairlie Clarke, Ernest Hart, and Ogle, the Charity Organisation Society, and many others, have given their best time and attention to constructing a plan by which skilled treatment may be provided for the wage-earning classes. It is to be hoped that the young generation may prove themselves capable of carrying out many of their suggestions, and show that they are able and willing to take their place in discussing and carrying out a plan which, if thoroughly worked, must reflect credit on the medical profession, and at the same time—by relieving our medical charities of the treating of a class of the community far above the scope of charity—to make room for the promised poor, while they help to raise the wage-earner into a more independent position. Besides, the daily Press has now come to our aid, and has plainly said that a Royal Commission is urgently needed to inquire into the present disorganised condition of the hospitals. A number of practitioners acting on hospital staffs will oppose all efforts to restrict the giving of charity to all, as they hope that, the pay-system being introduced, they will receive wages for work done by them. But in Birmingham, at the General Hospital, where four

assistant doctors are paid £400 among them, £5,000 are made out of the patients they treat at the charity by selling tickets at 3s. 6d. each, these giving six weeks' treatment to each well-to-do pauper. Thus the very low fees made in practice are vastly higher than those paid to the hospital staff.

Again, may I be permitted to say that this is not a charity proposal, and, therefore, business-like remarks are alone called for. Another class will oppose this scheme. Some time ago a merchant said to me: "You see, our workers are paid from 30s. to 37s. per week. It is most essential that they work regularly, and, therefore, it is in my interest that the men are healthy; and, further, that when ill they receive medical aid. These men say it is my duty to provide doctors for them. I do this in the cheapest way, namely, by giving half a sovereign to Hospital Sunday Fund, or by sending a donation to a hospital. If the doctors choose to treat these men, who are well able to pay, as charity cases, that is not my business, but theirs. I deal in the cheapest market." This is an honest statement, and represents the feelings of more than half who subscribe.

If the medical profession do not wake up, and show the public that they are quite capable of forming and developing a scheme by which the working classes may obtain "fair treatment for a fair fee," then one of two things are likely to happen. Either the co-operative societies will take it up as a business matter, or the Government will step in—as has been done in Canada and Shanghai—and pass a law compelling medical men to give their services for a fixed fee.

Liverpool.

PROPOSED INQUIRY IN REGARD TO THE ADMINISTRATION AND ORGANISATION OF HOSPITALS, DISPENSARIES, AND POOR- LAW INFIRMARIES.

THE Charity Organisation Society has reissued a copy of its proposed petition to the House of Lords praying that an inquiry be made by a Select Committee in regard to the management and common organisation of medical institutions, voluntary and poor-law, in the metropolis, and they request that those willing to sign the petition should forward their signatures to the office of the Council, 15, Buckingham Street, Strand, at once. Among the members of the Upper House on both sides who have given their approval to the proposal for an inquiry are: Lords Derby, Balfour of Burleigh, Kimberley, Spencer, Rosebery, Wharnclyffe, and others. Among medical men connected with metropolitan hospitals and other public institutions who have signed the petition are the names of Allchin, James Anderson, Bader, Ballance, Arthur Barker, Sir George Birdwood, Birkett, Bloxam, Dr. Bridges (of the Local Government Board), Buzzard, B. Carter, Cayley, Cheadle, Clutton, Cowell, Crocker, Davy, Dent, Langdon Down, Duffin, Durham, Matthews Duncan, Sir Joseph Fayer, W. H. Flower, Colcott Fox, Frost, Gant, Gervis, Gibbon, Pearce Gould, Gover (Medical Inspector of Prisons), Grigg, Christopher Heath, Graily Hewitt, Timothy Holmes, Jabez Hogg, Horsley, Hood, Howse, Hutchinson, Stephen Mackenzie, Macnamara, Mapother, Morgan, Mickle, Nettleship, Ord, Owen, Page, S. Paget, Parkes, Phillips, Playfair, Priestley, Pye, Richard Quain, Radcliffe, Schäfer, Sharkey, Sir Edward Sieveking, Sir John Simon, Steavenson, Steele, Stevenson, Sturges, Sutherland, Taylor, Sir Henry Thompson, Hack Tuke, Waller, Walshe, Sir Spencer Wells, together with a considerable body of eminent laymen connected with hospitals and other public institutions.

The above are a few well-known names which we select at random in running over the published list, but the list issued is one of considerable length and greater authority than has often been collected for any purpose of the sort.

Such an inquiry could but be of great public service for the information which it would elicit, and it may be hoped that it will be granted.

NEW HOSPITALS IN MOSCOW.—Two new hospitals, both of which owe their establishment to the liberality of ladies, were opened at Moscow on May 14th. One is a lying-in institution, in connection with the University of Moscow; the other a lunatic asylum, with accommodation for forty-five patients. Madame E. W. Paschalowa supplied the funds for the former, and Madame Alexegewa, wife of the Mayor of Moscow, for the latter.

MR. MALCOLM MORRIS.

SINCE the publication of the resolution of sympathy last week the following additional signatures have been received:

J. G. GLOVER.
T. WAKLEY.
WALTER COULSON.
J. BRAXTON HICKS.
EDMUND OWEN.
G. BUCKSTON BROWNE.
ROBERT HARNES.
SYDNEY RINGER.
STAMFORD FELCE.
B. PARKER YOUNG.
JULIUS ALTHAUS.
SCANES SPICER.
W. SPENCER WATSON.
J. HUGHINGS JACKSON.
J. RISDON BENNETT.
CHRISTOPHER HEATH.
P. J. GAST.
WALTER PYE.
PERCY BOULTON.
HENRY DAVIS.
JOHN EASTON.
THEODORE J. PRESTON, Staff-Surgeon R.N.
FREDERIC SHEPHERD.
WILLIAM H. BRACE.
ALBAN DORAN.
HENRY SEWELL.
CHARLES MOORE JESSOP.
EDWARD BELLAMY.
GEO. DANFORD THOMAS.
W. F. MANIFOLD.
AGUSTUS GREATREX.
M. PRICKETT.
HERBERT E. FRIEND.
J. ERNEST LANE.
JAMES STEWART (Clifton).
THOMAS BUZZARD.
W. SINCLAIR THOMPSON.
LESLIE OGILVIE.
JAS. HERBERT STOWERS.
R. SYMES THOMPSON.
W. ALLCHIN.
V. D. HARRIS.
WILLIAM CHOLMELEY.
W. ADAMS FROST.
C. A. GORDON, C.B., Surgeon-General.
WILLIAM H. DAY.
CHAS. HY. KALFE.
W. B. PORTER (New Southgate).
AMAND ROUTH.
WILLIAM EWART.
J. J. PRINGLE.
ALFRED CARPENTER.
W. B. HADDEN.
ROBERT MAGUIRE.
H. CRIPPS LAWRENCE.
E. D. MAPOTHER.
C. D. B. HALE.
J. SCOTT-BATTAMS.
F. A. BROOKS.
GEORGE EASTES.
JABEZ HOGG.
R. W. GODDARD.
W. B. OWEN.
DAVID FERRIER.
J. BLAND SUTTON.
SIDNEY MARTIN.
A. C. BUTLER SMYTHE.
HERBERT SIEVEKING.
J. INGLEY MACKENZIE.
JAMES STARTIN.
FREDERICK WALLACE.
P. H. PYE-SMITH.
JOHN H. GALTON (Norwood).
ARTHUR TURNER (Anerley).
J. LANGDON-DOWN.
T. BRYANT.
ALBERT NAPPER (Guildford).
GEORGE GWYNNE BIRD.
I. BURNIE YEO.
H. CHARLTON BASTIAN.
J. SWAIN SCRIVEN (Derby).
JOHN M. BRIGHT (Forest Hill).
SHIRLEY F. MURPHY.
W. JONES MORRIS (Portmadoc).
FRED. B. HALLOWES (Redhill).
W. A. BERRIDGE (Redhill).
CLEMENT GOSDON.
W. J. WALSHAM.
R. MUZIO WILLIAMS.
WOODHOUSE BRAINE.
CHARLES C. BRAINE.
R. O. HOPWOOD.
P. PERCIVAL WHITCOMBE.
C. M. CAMPBELL.
A. VENTRAS.
ROBERT BOXALL.
E. J. HOPWOOD, Deputy Surgeon-General.
R. FARQUHARSON, M.P.
GRAILY HEWITT.
A. EMBYS JONES (Manchester).
WILLIAM DUNCAN.
WILLIAM AITKEN (Woolston).
C. THEODORE WILLIAMS.
W. E. LUSCOMBE (Newark).
CLEMENT DUKES (Rugby).
OWEN DALY (Hull).
F. W. FAYV.
R. W. DICKERSTETH (Liverpool).
J. KESER.
SEPTIMUS W. SIDLEY.
V. C. J. VAN DER STRAATEN (Chesterfield).
W. J. COLLINS.
F. C. BRYAN (Littlehampton).
FRED. W. ALLWRIGHT (Brighton).
ARCHIBALD H. JACOB (Dublin).
NORRIS F. DAVEY (Atergavenny).
W. J. NOEL BEIL.
F. B. HULKE (Deal).
W. F. WEISTER (Shropshire).
H. MARCUS ALLEN (Brighton).
JOHN MARSHALL, J.P. (Dover).
RAWDON MACNAMARA (Dublin).
R. W. FOSS (Stockton-on-Tees).
WM. ADAMS.
REGINALD HARRISON (Liverpool).
SIDNEY COUPLAND.
J. J. O'BRYEN (Sydenham).
KENNETH MILLICAN.
J. LANGTON.
JOHNSON HERBERT (Whitby).
FREDK. H. ALDERSON.
SYDNEY JONES.
FRED. A. HILL.
FREDERICK T. ROBERTS.
A. KELSEY (Redhill).
H. W. EWEN (Redhill).
HERBERT THOMPSON (Sevenoaks).
SPENCER T. SMYTH (Bournemouth).
J. HAYWARD HOUGH (Cambridge).
THOMAS BRITTON (Harrowgate).
W. WHITLA (Bellast).
J. F. BRISCOE (Esher).
S. H. BYAM.
T. M'CALL ANDERSON (Glasgow).
JOHN EDWIN EDDISON (Leeds).
WILLIAM H. PLATT.
DUDLEY BUXTON.
A. PEARCE GOULD.
F. M. MACKENZIE.
HENRY WALDO (Clifton).
M. CHARTERIS (Glasgow).
A. B. E. MYERS, Brigade-Surgeon.
ALBERT KISCH.
SAMUEL WILKS.
MAURICE DAVIS, J.P.
E. HURRY FENWICK.
B. MARKHAM SKERRITT (Clifton).
PHIN. S. ABRAHAM.
C. J. CULLINGWORTH.
H. HEYGATE PHILLIPS (Reading).
CHARLES VASEY.
W. STUART LOW (East Dulwich).
DAWSON WILLIAMS.
C. HOLMAN (Reigate).
J. ROCHE LYNCH.
G. H. BRANDT (Royat les Bains).
W. OWEN JONES (Bowdon).
J. SWAIN SCRIVEN (Derby).
JOHN M. BRIGHT (Forest Hill).
EBENEZER TOLLER.
HENRY JOHN KNIGHT (Rotherham).
W. A. GARRARD (Rotherham).
JOHN CAVAFY.
BERTRAM THORNTON (Margate).
T. DUKA.
CHARLES R. CORMACK (Vichy).
SEYMOUR J. SHARKEY.
H. H. CLUTTON.
GEORGE CRICHTON (Twickenham).
C. W. CHALDECOTT (Dorking).

Members of the profession who wish their names appended to the resolution are requested to kindly inform Dr. Sidney Phillips, 21, Upper Berkeley Street, W., as soon as possible.