HOW TO REFORM OUR PROFESSIONAL GRIEVANCES.*

By W. OGLE, M.A., M.D.Cantab., F.R.C.P.Lond., Physician to the Infirmary, Derby.

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AND now, gentlemen, what have been the remedies proposed? and how far are you prepared to sanction them? It is with some satisfaction that I can say, more has been done of late years for the parish doctor, more for the pauper patient, than for any other class. For the club-doctor and the club-patient nothing, or worse than nothing, has been done. In general practice there have been some important changes in the right direction, but they are few; whilst physicians' practice has been, I fear, going either downward, or at best but "standing still"; whilst progress has been made in other departments; and in the moral and social world, no less than in the physical, this is tantamount to retrogression.

To physicians, therefore, and to all who aim at first-class practice, I would specially address myself. The changes in other departments are full of instruction to you, and this is the thing to be noted—so far as the patient has been made the first consideration, so far has real and substantial relief been accorded to the doctor. Many well-intentioned efforts towards reform have come to nought from their one-sidedness. There can be no question that Mr. Griffin's praiseworthy and self-sacrificing endeavours in behalf of parish doctors would have been more completely successful, had he put forward more prominently the sufferings of pauper patients.

So again in club practice; nothing, or worse than nothing, has been done. The strike at B—m two years ago, with the rattening of those who would not join, was worse than nothing. However much one might sympathise with the doctors, and feel that the attempt on the part of the club to reduce their pay was unjust and ill-advised, one could not wish well to the one-sided, unprofessional, patient-forgetting, measures of defence. He that can say only *il faut vivre*, will get nothing more, and deserves nothing more, than *je n'en vois pas la nécessité*. In private practice little has been done directly, but there has been indirect movement—movement full of promise, if advantage be taken of the situation, but not without its dangers, for there is a general restlessness which is incompatible with security. To make the building firm some further attention to the foundation is necessary. But, as already intimated, it behoves physicians, most of all, to bestir themselves. The only hint that I can catch of relief to physicians is that which has often been whispered, and just now has been spoken with authority. A committee has been at work in London during the winter, and has issued a very valuable report. Among the recommendations there are three which I cordially approve; but a fourth, for the relief of young physicians, to give them an honorarium for their attendance in the out-patient room, is very questionable. The proposal is so fraught with danger to our professional character, and so obviously leaves the patients *in statu quo*, that I take this early opportunity of saying, "Save me from my friends". What, then, is to be done? I venture very earnestly to submit that the time is come when something ought to be done; and I think public opinion gives indications of preparedness for something, if only comprehensive measures on thoroughly sound principles could be devised.

Time will not permit me to give more than a sketch of the line of action which seems to me most promising. A very first necessity is, whilst listening to every grievance, to take an independent position, and to look at the profession as existing not for itself—*non sibi sed toti*. Consider the profession teleologically, as a portion of the body corporate, charged with the performance of certain duties peculiarly its own. See to it that every measure of reform has this object distinctly and primarily in view—that it is to enable the profession to do its duty better. The prevention and cure of disease, the prolongation of life, and the alleviation of suffering, are, in a few words, a summary of professional duty. Let the groundwork of our reform be this—a confession of shortcomings. We need not fear to acknowledge that there is more physical suffering than need be, considering the present state of medical science—that life might be more prolonged than it is, that more cures might be performed, that much more sickness and many more deaths might be prevented.

The Registrar-General furnishes a statement week by week which leaves no doubt as to the fact that much more might be done than is done. I hail with much satisfaction, as showing still more plainly what work is still undone, the disease-charts of Mr. Haviland. He has pub-

lished maps of the country, coloured in such a way that the eye perceives at once the registration districts in which mortality is in excess of the average, and that in which the mortality is below. Figures pass through the mind and produce little or no impression, but that which is seen is easily remembered. In these maps the healthy districts are painted red, in three shades—good, better, best; and the unhealthy in three shades of black—bad, worse, worst; so that any one can see at a glance what is the sanitary condition of his town and neighbourhood. If these maps could be published periodically, and hung in some public room in every town in the kingdom, it could hardly fail but that the work of the prevention of disease would secure more attention. People would not be satisfied to see Derby, for instance, painted black when Leicester was coloured red. I wish, therefore, to submit to you the possibility of our engaging in the work of prevention much more decidedly than has ever yet been attempted; and the bearing of this proposal upon my subject is very close, for I shall put my proposal to this very searching test of its merits. I shall propose it not merely as worthy in itself of your consideration, because of its preventive character, but also because it would tend more or less directly to the removal of every one of the grievances that I have already specified. I advocate a reform from *within*; and I am bold to declare that it would do more to place the profession in its own proper position of dignity than any Act of Parliament, however well devised, or indeed any measure of reform commencing from *without*.

This, then, is the practical conclusion which I wish to bring before you. Let the family doctor be a health-officer, whose first duty is to prevent disease; let his relation to the family be such that it is to his interest to cure disease, not prevented, as quickly and as thoroughly as possible; let him delegate the sale of physic, and the dispensing of it, whenever it is possible, to druggists. I submit that this might be done by arranging that the acknowledgment for his services should be so much per annum for all *ordinary* work, leaving a good margin for supplementary fees for *extraordinary* visits. The Chinese system of paying the doctor when the Emperor is well, and cutting his head off when his Highness dies, has often furnished point to a joke against the profession. Let us extract the sting by adopting the sound principle, which is nothing more than that embodied in the proverb, "Prevention is better than cure." The only difficulty that occurs to me as worthy of mention is that of determining how much the annual sum should be, or rather, I should say, how little, for it must be comparatively small to secure general acceptance; and I think it might fairly be so, in consideration of the relief given in other ways, and specially by the proviso made that there are to be supplementary fees for all extraordinary acts of service. The distinction between *ordinary* and *extraordinary* services might easily be made: for instance, ordinary service would include, as a matter of course, everything that the doctor can do in the way of prevention; and, to make the preventive service complete, it must also include a great deal of what is commonly called general practice, but it need not and ought not to include everything. For instance, it ought not to include night-visits—at least not such as are specially requested—nor Sunday visits specially requested, nor visits in obedience to a summons to come either immediately (as to an accident or to a confinement) nor to attend at some particular time specified by the patient (as for a consultation). These are all exceptional acts of service, and for these a fee should be demanded over and above any annual sum that might be agreed upon. All other work, even though it should amount to an attendance through a long illness, might be covered by the annual sum, subject to readjustment at the close of the year; all work, in fact, for which request has been made at an early hour—say by the time of the first postal delivery—and for which it is an understood thing that the doctor is at liberty to call or to send a substitute at whatever time in the course of the day is most convenient to himself. On the other hand, extraordinary visits for which fees are to be paid would be, as already stated, night visits, but of these only such as are specially requested—Sunday visits specially requested, visits in obedience to messages to come "immediately," or at some particular time named by the patient.

And now, gentlemen, for the crucial test proposed. What would be the effect upon our grievances of such a change—shall I say such a revolution, in medical practice? What would be the effect upon the doctor's grievances? what upon those of the patient? Take, first, the family doctor—family physician, if you please, for he would be entitled to claim in virtue of his office the highest title possible. He would be freed from all trading accessories; he would have no pecuniary interests in the physic, much or little, that his patient took; nay, even in regard to visits, he would have no trade stimulus, but only those that are strictly professional; he would visit his patients just as often and just as seldom as he felt was good for them. The protection of the patients would be that the sooner they got well and the longer they remained so the better

* President's Address, delivered at the annual meeting of the Midland Branch, 1871.

it would be for the doctor. The doctor's bills would now no longer be questioned, for "particulars" would be given in full—they would simply be fees for extraordinary visits. He would also know, as a general rule, what was his day's work by breakfast time; and, this work being done, he would not only be comparatively free, but would have the very great comfort of feeling so; and when a summons did come he would be sure that it was not a mere whim of some inconsiderate or fanciful patient: whims and fancies would at least be reduced to a minimum if the doctor's house were surrounded by a cordon which could only be broken by a golden key. I anticipate, farther, that the relation between the doctor and the family would be immensely improved, and that he would no longer be a "servant" and his patients "slaves"; their relation to each other would be that of "friends", and it would be much less liable to disturbance. People would, no doubt, be more careful, and take a longer time in making their choice of a doctor, but, having made it, would be less likely to change.

Turn, now, to the condition of the patients: their grievances have vanished into thin air. Their interest has been put first, and it coincides so entirely with that of the doctor that there is no room left for suspicions and misunderstandings. Again, under such a system, club-doctors would cease to exist, for the annual sum for ordinary work would obviously admit of graduation far more easily than is possible in charging per visit or even per bottle.

Club doctors—at least men with duties such as are now expected—would not be wanted; possibly such officers might be appointed, but their duties would be different. The payment would still be small, but the service demanded would not be great: their duties would be to look after the interests of the club, to protect it against the admission of unhealthy members, and against ill-founded declarations against the funds of sick members, and to perform other such general and highly honourable service. The power of combination for such a purpose as to provide medical aid may be inferred from the extraordinary results obtained by two or three of the provident dispensaries, in which the benefiting members contribute so small a sum as 1d. a week, or 4s. 4d. a year. From the fortieth report of the Derby Provident Dispensary, it appears that members of this class contribute more than £1000 a year. If so much can be done by pennies, how much more might be done if arrangements on a better plan could be made for the twopenny, threepenny, etc., class? Let the provident, or, as I would rather say, the preventive principle, have full play, and imagination could hardly say too much as to what might be achieved.

Forty years ago, Mr. Jones of Derby and Mr. Smith of Southam had the sagacity to perceive and the benevolence and courage to make the experiment with the least productive element; and, though the result is not such that I can conscientiously recommend you, now in 1871, to adopt their plan, it is abundantly sufficient to show the soundness of the principle upon which they acted, and further to prove that it needs only that we trust those principles more thoroughly to realise still greater results—greater in every way, both commercially, and, more important still, greater in the sense of being more thoroughly efficient and free from certain professional faults which have, no doubt, been a principal cause why provident dispensaries, even where most successful (as at Coventry, Northampton, and Derby), have never attained to anything more than mediocrity. All honour, however, be to Mr. Jones and to Mr. Smith for having done so much; anything that we do will be by standing upon their shoulders.

I see no reason to doubt that, in a well-managed local association, five or six medical men working together under a well constituted representative board of management, the working classes might provide themselves with thoroughly efficient medical aid, including even payment for their admission when necessary into hospitals, and including many other things which at present are beyond their reach. Those arrangements would bring relief more or less directly to the whole profession, but primarily to those who are connected with hospitals. A better system of attendance for the working classes at home would relieve these noble institutions very much of the routine work which overwhelms them; and if arrangements were made for members of such associations to pay for admission, hospitals would be relieved financially—they would become gradually more or less self-supporting. When this comes to pass, but not till then—that is, when patients are admitted on their own right by payment—can I look with anything but jealousy upon the proposal to give salaries to any portion of the medical staff. Meanwhile, relieve us of all work that ought to be done by the parish—of all work that might be done outside the hospital; put us in a position to attend exclusively to urgent cases, and we will ask no more. This will require from the public no little sum of money. We have ourselves spent recently some £20,000 in altering (would that it had been in rebuilding) our Hospital. When I ask for this as a necessary expenditure, I do in effect ask for a sum which, if capitalised,

would have produced £800 a year. The medical staff might have received this for their services with a clear conscience; but, I ask my colleagues, had the Hospital remained as it was ten years ago, with this difference, that we were now in receipt of £200 a year each for our services, should we, as professional men, have been in as good a position as at present? I repeat, all that honorary medical officers ought to ask at present in return for their services is protection against the admission of improper cases, and that every facility possible should be afforded to enable them to do their work thoroughly well. As to what I will call first-class practice, independent of that in connexion with hospitals, I would simply ask that the physician or surgeon be left to take care of himself, and that attention be directed entirely, or at least primarily, to the improvement of the character of the service. A consultation at present is a very unsatisfactory proceeding to all parties. It lacks that first element of satisfaction, in that no care is taken to secure that the second opinion shall be formed independently. On the contrary, the first thing done is for the doctors to talk the case over privately: this makes it impossible for the second to form a perfectly independent opinion, and this mars the whole proceeding. That which I should wish to do, and to be compelled to do in any case wherein my opinion was desired, is to examine the case thoroughly for myself. This, done, I am prepared to meet the family doctor and to consult with him and then the patient obtains the benefit of two opinions; and two heads are better than one. As things, however, are at present, the family doctor paid per visit and per bottle, and the doctor called in paid in the same way, this freedom of action is almost impossible; but, if the family doctor were paid *per annum*, the difficulty would be lessened, if not entirely removed.

Did time permit, I might easily show the effect of such an arrangement upon counter practice, and on quackery, and on special practice, which is often but a disguised form of quackery; but I have already detained you longer than I ought to have done. It remains, therefore, for me to thank you for your patient and indulgent attention, and to conclude by giving you a most cordial welcome to Derby. By the kindness of the Weekly Board of Management, we meet in this room. I regret that time will not now allow me to show you over the Hospital; but be assured that at any time when business or inclination may bring you to Derby, we, the honorary medical staff, shall be prepared to receive you as brethren, and to show you what has been done; and, for myself at least, I will add, not merely to act as your guide, but to look for instruction from your visit. If any should think that the views herein so imperfectly set forth are worthy of further consideration, I shall count it no less my privilege than my duty to confer with them further, and to give any assistance in my power to towards putting them into practice. I shall also ever receive with respectful attention all remarks (publicly or privately expressed) from those who differ from me; whilst to those who agree with me I will only offer a word of caution against being too sanguine of speedy success or of personal gain. Evils such as I have enumerated can only be removed very gradually; work such as remains to be done must be encountered with a single eye, and, by God's help, in the spirit of the "Iron Duke", who used to say in the face of every difficulty, "I know nothing of difficulties, but that they are things to be overcome".

ON THE THEORY OF DISINFECTANTS.*

By T. P. BLUNT, M.A., F.C.S.

THE light which has recently been thrown upon the nature of contagion and infection by the labours of Pasteur and others, the results of which have been ably summarised by the President of the British Association in his late inaugural address at Liverpool, seems to point the way to clearer and more comprehensive views than those commonly entertained at present regarding the operation of the substances known as disinfectants.

These may be divided into two classes: 1. Those which act by the oxidation and total destruction of the virus contained in infected matters, together with the foul gases which usually accompany it, and which are, in fact, Nature's danger-signals of its presence. 2. Those substances which do not possess the active chemical properties of the first class, yet are proved by experience to have a similar power of arresting and checking the spread of infection. The latter are, for the most part, the more ancient and popular, having apparently in some cases been suggested by a just but unreasoning instinct. Thus we find that the use of sulphurous acid, as evolved from burning sulphur, dates even from Homeric days; while the burning of pitch and

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