as possible under similar circumstances. I gave turpentine punch every two hours, composed of half a drachm of oil of turpentine, an ounce of whiskey, and four ounces of hot water, with twenty minims of fluid extract of ergot added. I have tried perchloride of iron without any success, and the turpentine punch alone without success; but, with the addition of ergot, I have been partially successful in these cases. In one, the turpentine punch had been used unsuccessfully for twenty-four hours; but, on the addition of ergot, the hæmorrhage diminished after two doses, and after four doses it had ceased, and the patient rallied for forty-eight hours before death. The cause of death in this case was laryngitis. You will perhaps be surprised that I have said nothing in commendation of the much spoken of antiseptic method of treating malignant fevers. I have not employed it in small-pox for the following reason: that, having tried it in many cases of typhus, in some of typhoid, and also in scarlatina, I was dissatisfied with the results. When stimulants were indicated, the antiseptic treatment did not seem to diminish the amount of stimulation required. I have saturated patients with carbolic and sulphuric acids until the urine responded to the tests for these agents, and in no case did I think any benefit accrued; and in some there was considerable gastric irritation, which I believe was owing to the antiseptics. With these cases before me, you may judge that I have had little encouragement for the employment of antiseptics.

Skin-Affections.—The treatment of the skin must be directed to two objects; first, to allaying the discomfort of the patient, then to the prevention of disfigurement from destruction of the skin. The first is best promoted by keeping the skin moist, which is attained by the application of poultices and emollient lotions, such as glycerine and water, oil, or a mixture of liquor plumbi and oil; of these, I believe the glycerine and water to be the best. To prevent disfigurement, or, in other words, pitting from small-pox, has long been a problem to the physician, and one which is still unsolved. I have already pointed out the nature of the destructive change of skin, and how the pit is formed; and it is manifest that, if we can in any way produce abortion of the pustules, we prevent pitting. Many plans have been proposed. It has been supposed that light promotes these destructive changes, and that the exclusion of light will prevent pitting; and patients have been kept in darkened rooms, or have been painted black, to prevent the light from acting on the skin. I have seen this plan signally fail. Dryness has been said to be the cause of pitting, and the greater number of pits on the face than on other parts of the body has been explained by the drying of the face from exposure, while the body is kept moist by being covered with the bed-clothes. Dr. Stokes has ably indicated these points, and has suggested poultices as a means of maintaining a moist condition of the skin; but I do not think that the difference in moisture makes the difference in pitting of the different parts. I have often pointed out to you how the eruption selects the most vascular parts, such as chapped wrists, rag-nails, etc., and how, in one case, it followed the inflamed track of a long but slight scratch on the back of the wrist and hand. The face is the most vascular portion of the surface, therefore is most attacked by the eruption—not, in my opinion, because it is more exposed to the light or to the drying influence of the air. The suggestion of the treatment is obvious; diminish the vascularity, and you diminish the severity of the rash, or may produce abortion of the pustules. This is also pointed out by Dr. Stokes, who quotes a case which occurred under the care of Dr. Graves, where a patient, whose knee had been strapped for a surgical operation, was attacked by small-pox, and the portion strapped escaped injury from the rash. I have therefore attempted, at the suggestion of my friend and colleague, Mr. Robert M'Donnell, to diminish vascularity by strapping, and thus to procure abortion of the pustules. I believe I have been in a great measure successful in this line of treatment; for I have found that, when the forehead of a small-pox patient is strapped during the papular stage of the eruption, the vesicles have aborted, and no marking has ensued. Of course, strapping is not applicable to all parts of the face. I have therefore tried various methods of varnishing the surface with contractile and inelastic varnishes. I have not been able to find any coating possessing these qualities to a sufficient degree to ensure success. I have tried collodion and gummy varnishes, but most have failed. I have met with patent collodion called xylonite, which best fulfils the conditions required. Although somewhat elastic, yet it quickly forms a dense and tight skin—far more dense, tight, and tenacious than the collodion of the *Pharmacopœia*. This substance, when applied sufficiently early, in many cases acts like strapping in producing abortion of the pustules, though not nearly so effectually. After many experiments, I have come to the conclusion that pressure is the main point to be relied on, and that the pressure acts by diminishing the vascularity, thus preventing the maturation of the pustules. The crusts which form after the pustules burst are best removed by poulticing; indeed, they

may almost be prevented by the application of poultices as soon as the pustules begin to burst. The poultices should be accompanied by oiling and bathing of the parts. Warm baths are especially grateful to the patient at this period, and to these baths should be added some disinfectant (Condy's fluid I generally order) to allay the fœtor which arises from many of these cases, as well as to prevent the spread of contagion. The extensive sores which form after the scales have fallen off, or when they are falling off, must be treated like burns, the boils and ulcers according to the usual surgical principles applicable to the treatment of those affections.

In conclusion, I must advise you to look into your books for other means of treating small-pox. There are many plans, and many good plans, to which I have not referred; but I only have noticed those which I believe have been most successful in my own hands, and all of which, I consider, are founded upon sound clinical principles.

THE PROVIDENT SYSTEM OF MEDICAL RELIEF FROM A NATIONAL POINT OF VIEW.*

By DONALD DALRYMPLE, Esq., M.P.

IN treating the question of the best mode of administering the best medical aid to certain classes of the people, we have quite as much difficulty in divesting the mind of old notions and old trains of thought as in devising new and better plans; and in an old country like ours it is not always what is best in theory, but what is most practicable, that should attract our attention and command our assent. The public have been so long accustomed to find medical aid whenever and wherever they want it, and have given so little attention as to whence it is derived or at whose cost, that they have come to consider a medical man as under a *quasi* obligation to give it on every emergency, as if there were any agreement on his part to afford it simply because he had received a licence to practise. "Go for the doctor" is uttered by everybody; if the doctor do not come he is severely blamed, but no one asks who is going to pay. If brandy be needed in an emergency, the publican is not expected to furnish it gratuitously, while the doctor is expected to give his time and skill, and very often not even to be thanked for it. These remarks of course do not apply to any who have taken an appointment, and are thereby bound to answer all demands; but it has now become a question whether those who demand this aid are by the terms of the appointment entitled to receive it. The tendency in this country is to err on the side of excess of charity, so called. This excess is clearly undesirable; for it is no true index of national prosperity, while the enormous multiplication of hospitals and dispensaries, and their aggregation in large towns, is in a high degree uneconomical. It is not my intention to go into the history of the formation of many of these institutions; but I have been too long a member of my noble profession not to know that many owe their origin, if not their existence, to a motive the reverse of real charity. It is very difficult to classify accurately the various grades, or to draw a distinct line between those people who are entitled by position and circumstances to gratuitous medical aid; and large allowances always leaning to a liberal interpretation must be made. My own former experiences in medical charities have shown me the grossest abuses of them. I have known persons who not only could afford, but actually did afford when detected, the ordinary professional fee, take their places in the out-patient room and receive gratuitously what was meant for the indigent. I have known persons test the advice given by their own paid medical man by attending at the "out-patient" room, getting an opinion, and quoting it against their attendant; nay, I have known an action commenced upon an opinion thus obtained. Abuses like these are neither frequent nor difficult to detect; the difficulty lies with those who live on the border land between moderate ability and inability to pay for medical help. Legally or morally they have no right to free medical aid; practically its denial soon sends these down to the very class who are entitled to ask it. The class of those who earn from £80 to £100 a year, the highly paid artisan receiving two guineas a week, is in large towns very numerous. I find in a paper read at the British Association last year, on the "Manual Labour Classes", that in the first class "most skilled", the number is estimated at 1,178,000, and their average earnings (less deductions for want of work) at £60 to £73 per annum. In the second, "less skilled", there are 4,009,000, with average wages of £46 to £52. In the third class, "agricultural or unskilled", there are about 3,000,000, earning from £20 to £41 per annum. This average is, I think, taken too low, when harvest and hay-sell money is reckoned. These figures include boys, women, and girls, systematically working for wages. I think,

* Read before the Metropolitan Counties Branch, March 5th, 1872.

from inquiry and observation, that a full 10 per cent. might be added if the shorter hours of labour are taken into consideration—on the assumption, however, that the spare hours are spent in acquiring knowledge, which is the potentiality of wealth, and not, as there is some reason to fear, in drink and idleness. The remedy for this state of things is, in my opinion, to be found in two measures of hospital reform. One is a system of close supervision either by an officer of a hospital or dispensary, or by some agency like that proposed by the Charity Organisation Society, of the persons who apply for out-door relief at these institutions; to sift their statements, and inquire into their means, before thrusting them indiscriminately into the waiting-rooms. This is done at the French hospitals. Before a patient can obtain the order, he or she has to prove inability to obtain medical aid elsewhere. This means trouble and labour, which is often more difficult to find than money. The second measure is to give increased facilities to the reception of patients on partial payment of the cost, which relieves the pressure on the funds and lessens the pauperising effect on the individual. The main reliance, however, should be on a large and easily worked extension of a provident system, by making provision against sickness as much a matter of business as of providing food or clothing. It is comparatively of little consequence whether this be in the shape of sick clubs, provident dispensaries, or any other form which may best suit a locality. There need be no very elaborate machinery for this, no public-house meetings, no spending part of the funds in refreshments; nor should the purely medical aid be mixed up with any other form of relief. The association should be purely and entirely for medicine and attendance. While varying in extent and character, it should be purely and entirely self-supporting, and no other eleemosynary aid should be afforded than that which sets the machinery in motion, if even that.

It is not within the scope of my paper to go into a minute consideration of the various plans proposed, especially as this will be better done by others whose knowledge is at once more complete and more recent; but I am disposed to regard the provident club as that best suited for rural districts, with which my acquaintance is now the largest, while provident dispensaries are better suited to large communities. I am not disposed to desire government aid, as has been proposed, on the principle of government assurances and savings' banks. The less there is of the paternal government, and the more of individual self-reliance, the better. The principle of mutual assurance against the needs created by illness—the deposit of small sums, so that the advice and medicine are paid for beforehand, insures early seeking for it. *Principiis obsta* is of cardinal value, and the right to have advice on the first appearance of illness is the surest way to cut that illness short. Nor is this all, viewing it as I now do in a purely medical light. The provident system is in its action one of preventive medicine; it becomes a means of diminishing an aggregation of disease; disorders, especially of a catching kind, can be easily stamped out when seen and treated early; and many an epidemic may be mitigated, if not stayed, by such prompt measures as these associations would be able to take. They will do much to remove the "it is none of my business" feeling which exists, not so much among the absolute poor as among those above them; and among other benefits, it must compel attention to a better sanitary condition of dwellings. The inhabitant of a cottage where disease is constantly recurring will be urged by the medical man to live elsewhere, or under better and more healthy conditions; and he will be thus urged, because it will be the interest alike of the attendant and the attended.

I cannot at this stage of my paper abstain from casting a glance at the prospect of largely improved health-legislation promised by Mr. Stansfeld's Local Health Bill and Sir Selwyn Ibbetson's Rural Health Bill, by the establishment of Poor-law dispensaries in lieu of the present miserable system of getting the work done by the worst paid, worst treated, members of any profession in existence. I certainly do hail this proposal as a great move in the right direction; and I hope no strife of party, no clang of hostile arms, will arrest its progress. I am not a particularly sanguine man; but I cannot avoid thinking that, were the provident system better known (I do not mean the existing rotten benefit clubs), it would ultimately lead up to a reasonable provision against the ordinary risks of life, which these classes could perfectly well afford if less were spent on needless, if not pernicious, things. I say this, because the margin between the amount earned and that needed for absolute wants is steadily augmenting.

I am of course aware that there is a liability of provident associations to be abused; but this can hardly be to any great extent, for I have never heard that in a Manchester Unity or a Forester's sick club the doctor is called to attend non-members; and the members themselves keep a sharp look out on each other to prevent shams and malingering. To amend the system of medical relief, more than one change must be effected. I have touched upon the reform, it may be the abolition, of the hospital out-door system; but the governors of these institutions must also be re-

quired to exercise greater forbearance and practise more investigation before granting letters, or, better far, to abandon the privilege. As matters now stand, a governor insists on his presumed right to give a recommendation where he chooses, and is even offended if "my letter" is refused. Much, very much, is in the power of the profession: its members have scarcely been true to themselves; they have failed to put a right estimate on their own services, and can hardly wonder if the public have not raised their own valuation.

The system of gratuitous advice or attendance, except in cases of emergency, of pure charity, or under contract, should be abandoned; and the miserable underbidding for appointments, in themselves hardly worth holding, must disappear. That Poor-law guardians should avail themselves of this tradesmanlike system of competition can surprise no one, while the public health and the strength of the working population suffer from bad drugs, insufficient and dilatory attendance, and sometimes, I fear, from inadequate attainments.

There is another portion of the Poor-law system which requires thorough change—I mean the granting of orders for medical relief as a road to the beef, beer, and port wine of the parish. This has grown to be a great abuse, especially in rural parishes, where a certain quantity of port wine is left with the overseer and very loosely dispensed by him.

I dare say the sick club system has improved since my day. *Eheu!* *fugaces* thirty-five years have elapsed since I had a practical and working knowledge of them. They served a good purpose in their day; but, so far as I have been able to institute a comparison between them and their younger brothers—the provident dispensaries or the deposit system—I am disposed to favour the latter.

I have now come to the end of my paper, and I dare say many will be disposed to say "He has told us nothing new—nothing that we did not know before." Of course I have not. Is it not the old, old story? and all that I proposed to myself, when asked to occupy your time, was to show that now as then we have the poor always to deal with; and now as then, let it be the task of the well-wishers of society to raise every man in his own self-esteem, in his own self-reliance, as the surest way to raise him in the sight of God and of man.

THE PROVIDENT SYSTEM FROM A MEDICAL POINT OF VIEW.*

By J. FORD ANDERSON, M.D., Medical Officer to the Haverstock Hill Provident Dispensary.

THE paper which we have heard from Mr. Dalrymple must have proved to all the importance of the provident system from a national point of view; but as it is the medical profession which must work the details of that system, I have been asked to complete the subject by shortly describing it from a medical point of view; and, in doing so, I will not confine myself to its advantages, but will honestly allude to its difficulties, and try to show how they may be overcome. Three points, it appears to me, will embrace my branch of the subject.

1. Is the system for the good of the profession as a whole, financially and socially?
2. Do the patients benefit by belonging to provident dispensaries?
3. Will medical science be advanced by carrying out the provident principle?

But, before discussing these three points, let me shortly sketch the present state of matters. At present, it has been calculated, there are (I quote the figures given by Mr. Fairlie Clarke at the recent conference in these rooms) 1,157,016 patients receiving gratuitous advice in the hospitals of London, or more than one-fourth of the population of London. The medical men who supply advice to these patients are generally unpaid, except by the indirect and often doubtful payment derived from their position; there is, practically, no check to distinguish between persons possessing sufficient means to provide against the time of sickness and those who are really objects of charity; and thus the profession is deprived of remuneration to which it is justly entitled. The indiscriminate crowding of patients is unsatisfactory, owing to the rapid investigation of cases which is necessary. The ease also with which patients can go from one hospital to another, and thus be lost sight of, prevents anything like a general system of registration of disease, which has been longed for by many. It is to remedy these and many other evils that the provident system is advocated; and I shall endeavour to show, shortly, that this remedy is capable of curing the disease. I have myself worked as medical officer in provident dispensaries for eight years; and I shall make use of my experience thus acquired in considering the three questions which I have advanced.

* Read before the Metropolitan Counties Branch, March 5th, 1872.