drugs, possibly combined with a little digitalis, still seem very useful, though I admit I do not know precisely why.

Auricular Fibrillation and Heart-block.

My address seems to be rather of the nature of a melancholy jeremiad: "Things are wrong; let us not try to put them right lest we make them worse." So I would like in conclusion to turn to what I consider are the real triumphs of modern cardiology, so that I may finish on a more cheerful note, though I may possibly be giving more credit to modern investigators than they would claim for themselves.

As I understand the matter, cardiac disorders may broadly be divided into two classes: those of which muscular inefficiency is the essential basis and those of which a nervous trouble is the real foundation; symptoms and physical signs alone would scarcely appear to be quite sufficient absolutely to determine with precision which is the prevailing factor, though the determination of this factor is absolutely necessary for really effective and rational treatment—perhaps I should say for the really satisfactory management—of the patient and his troubles.

I am led to believe that by a careful study of multiple cardiograms and vasculograms it is possible to determine with absolute precision whether a muscular or a nervous fault requires to be remedied, if remedy be available. This achievement I hold to be a pearl of great price, an invaluable addition to our knowledge, and I would that every medical man should know of it, and even every student, so long as it will not be misunderstood by him and will not lead him into slackness of observation and indifference to the tales of woe poured into his ears by sufferers.

Even this achievement has, however, at present its disabilities; the instruments required to obtain the —grams are expensive, their application requires considerable skill and experience, and the interpretation of the —grams themselves is not always easy. May we hope that before long a good deal of this trouble will disappear and that we shall be able to apply the principles to our poorer patients as to our richer ones, who can demand the services of specialists already?

Meantime let us not despair; let us remember what I have always learnt and always taught—that bruits and irregularities of rhythm, faintings and other evidences of cardiac inefficiency, in the young at any rate, are not always of ominous significance, and especially let us remember what specialists would have us forget—that in the vast majority of cases brought to us for an opinion as to cardiac capacity, it is quite possible to form a correct estimate from general experience combined with careful observation of the individual.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.

HOW TO INCREASE THE USEFULNESS OF THE BRITISH MEDICAL ASSOCIATION.

BY

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VARIOUS suggestions have been put forward with the object of improving the position of the British Medical Association, of enhancing its prestige, and increasing its usefulness. The Plymouth Division has given notice of a motion "That it is desirable for the future that the British Medical Association should confine its policy to promoting the scientific and social welfare of the medical profession by leaving all medico-political work to be done by some other body formed for such purpose and registered as a 'Trade Union,'" and the Brighton Division recommends "That the British Medical Association be transformed into a Federation for other medical bodies formed to safeguard the interests of one or more sections of the medical profession, while allowing all such bodies to continue their separate existence." These and other resolutions tend to show that there is some dissatisfaction with the Association in its present condition.

To us in Worcestershire the state of affairs is particularly disquieting, because we pride ourselves on the fact that

our city was the birthplace of the Association. I think that many of our members who have openly expressed their dissatisfaction have failed to realize the magnitude of the debt they owe to the Association. If it be admitted that the fight over the Insurance Bill was not so well conducted as it might have been, there can be no doubt that but for the action of the Association the position of the panel doctors would have been very much worse than it is at the present time.

It is true that the six cardinal points were not all secured. Of these, the wage limit always appeared to me of great importance; and although I am assured by some of the panel practitioners that the loss of it is of no moment, I regret that it was not embodied in the bill. The free choice of doctor, which was supposed to be granted, is by no means secured, and the representation of the profession on the Insurance Committees is totally inadequate. The only point really gained was the increase in the financial offer of the Chancellor of the Exchequer. The advance from 6s. to 9s. was enough to satisfy a large majority of the profession that the work would be sufficiently remunerative to justify them in accepting service, in spite of the refusal to concede their other demands. It was this decision which prevented the Association from insisting upon further concessions, and, though we may think that it was a mistake, we should in common justice accept the responsibility and not try to blame the Association.

The dispensing of medicines by the chemists was never contested, although I have on several occasions expressed the opinion that it was a matter of the utmost importance. It has already given rise to difficulties, and will always be a source of trouble and annoyance. Viewed from the lowest standpoint, as a commercial transaction, is it possible that a doctor would provide his patient with inferior medicine? I say without fear of contradiction that his object must always be to get rid of those who consult him in the shortest possible time, and the cheapest way to do this is to prescribe the medicine which he considers best. If he dispenses it himself he has the advantage of knowing that the actual drugs he orders are put into the bottle, and, further, that their quality is satisfactory.

In carrying out the campaign a vast amount of gratuitous work was performed by a body of men who have received scant recognition of the services they rendered or the sacrifices they made. Also a large amount of money was expended by the Association, and this must have temporarily crippled its financial position.

Is it fair, now that the first battle has been fought, to say that no fight was put up? Is it fair to decline a membership which would assist in discharging the bill, or to grumble at a small increase in the subscription to aid in strengthening our depleted finances?

It appears to me that, instead of resigning membership ourselves, it is the duty of each one of us to use our best efforts to obtain reinforcements for the Association by inducing those to join who have hitherto held aloof. For my own town, I am happy to be able to state that since the passing of the Insurance Act I have secured the adherence of the only two practitioners who were outside our fold, so that we now represent a united family.

The suggestion of a federation has some attraction for me. To join up the various bodies which safeguard our interests would have distinct advantages. One annual payment would save us the trouble, and possible neglect, of multiple subscriptions; there would be a considerable saving of expense, and the linking together of our scattered forces would strengthen all of them.

To confine the Association to scientific work would, I think, be a mistake. It has a very large membership; it is the acknowledged mouthpiece of the profession; and, as such, it is the only body at present capable of representing us. It would be a long time before any new organization could occupy such an influential position.

With regard to a "trade union," there is much to be said on both sides. The idea is repugnant to the professional sense of some of our members, contrary to the traditions which are their pride, and ill accords with their conception of the honour and dignity of our great calling. With all this feeling I agree, but I cannot shut my eyes to the fact that the great cause of weakness in our ranks is our individualism.

Every member forms his own opinion, often from insufficient or incorrect data. He cannot—it would generally be more correct to say will not—attend meetings; he sits at home in his armchair; he may read some portion of his JOURNAL; he listens to fragments of information conveyed to him through various channels; he draws his conclusions for or against the men who have spent their time and toil in investigations; and nothing will dissuade him from the opinion—frequently more or less prejudiced—at which he has arrived. Would a trade union convert him? I have an idea that he might guard his diagnosis with his resignation.

There are, however, other reasons which indicate the desirability of such a change. Legal difficulties in dealing with our funds, and in other matters, would be overcome. It is a question which requires consideration; but of this I am confident, be the result what it may: we shall never secure victory until we adopt the principle that the minority must give way to the majority; nay, more, that they must loyally support them. We all have a right to our opinions, and when convinced of their truth it behoves us to use every effort to secure their general adoption. But when we find that a majority of our profession decide against us we undoubtedly ought to fall in with that majority, until we can convert them to the view which we believe to be correct.

From these remarks it is obvious that I consider it the duty of every member of the profession to attend our meetings, when he will thoroughly understand all the important matters which are discussed and be able to give his valuable advice. I freely admit, and I join heartily in the complaint, that at present the profession is called to attend far too many meetings. The overlapping of the Medical and Panel Committees is deplorable. We have done our best to obviate it, but as yet their separate existence is a necessity.

The number of the Association meetings, now that we have recovered from the preliminary consideration of the Insurance Bill, is not excessive. It is necessary for us to discuss a considerable number of medico-political questions. This side of our work has grown, and I see little probability of its decrease. It depends to some extent upon the decision as to our future constitution.

I do not think anything is to be gained by resolutions which declare "that the working of the medical clauses of the National Insurance Act by members of the profession is derogatory to the profession and against the public interest." The Act has become law. The financial arrangements appear to be satisfactory to the large majority of the profession, and it only remains for us to endeavour to remove abuses and introduce improvements into the service. Much of this work will probably fall upon the Medical and Panel Committees, but it is probable that some of it will still be referred to our Divisional meetings.

For the past three or four years the medico-political work has been sufficient to occupy the whole of our attention in this Division, and it has not been possible to hold any scientific meetings. Apart from the Insurance Act there are still some outstanding problems of a medico-political nature which urgently require solution, and these ought to receive early consideration in order that they may be satisfactorily and finally settled.

Medical aid institutions demand our attention. It may not be possible to do away with them, but it should not be difficult to reform them. If such a desirable result is to be attained, they must be approached in a spirit of fairness. No compromise can be effected if both sides remain obdurate. In Kidderminster we have succeeded in effecting a settlement. The Medical Aid Association has agreed to our suggestions that there should be no canvassing, and that no money shall be funded. All the proceeds in excess of expenditure are handed over to the medical officer, with the exception of a small reserve fund, which is necessary in case of an epidemic. We accepted a wage limit of £150 a year. I have been told that this is a disgrace to us. This accusation is a sample of what I consider unfair conduct. The Medical Aid Committee could fairly retort that many of our members are attending friendly societies, where there is no wage limit at all. I consider that it was a great point to gain the recognition of any wage limit, and to have fixed it at £150 is but

little in excess of the demand of the British Medical Association in one of the cardinal points.

We should also take up the question of fees for life insurance examinations. Half a crown is inadequate remuneration for any form of report; 5s. should be a minimum fee for industrial cases. Ordinary cases, where the amount insured is £100 or less, may be examined for half a guinea, but above that amount a minimum fee of a guinea should always be demanded. It is not right that any insurance company should settle the fee to be paid to us without having previously consulted and come to an agreement with us. We ought, further, to secure an undertaking that our reports should not be communicated to another office. At the present time, if proposals are made to several offices, after one examination has been made and reported the other companies are able to obtain copies of that report without any payment, and the profession is thereby robbed of the fees which ought to be paid by each office for a report.

In order to have some chance of coping successfully with the enormous amount of necessary work and the number and complexity of the scientific and other questions constantly arising for consideration it would seem desirable to establish some time-saving method of procedure, on the principle of division of labour. My own feeling is that it would be a wise arrangement to confine the work of our Divisions to medico-political matters. The Branches could then devote their attention to the scientific side. To confine the scientific work to the Branches would have the great advantage of securing a wider interchange of views. We are always liable to become limited in our outlook and restricted in our opinions. What Worcester practises may be very good; it is not necessarily the best. Hereford, Malvern, or Kidderminster might have some criticism to offer. It is not certain that their suggestions would be an improvement, but their criticism, whether of the destructive or of the constructive order, might lead to further investigation, to the mutual benefit of the practitioners concerned and to the great advantage of the suffering public.

Clinical meetings and visits to operating theatres where the different methods can be compared are all useful. Such a system is now in vogue in America, and has spread in this country. On the Continent it has been developed to the extent of inviting groups of surgeons from one country to visit and conduct operations in another.

Let us now consider our own Branch more particularly. From the account of the year's work read by our Secretary, it will have been gathered that I have acted to a large extent on the principle which I have advocated. I was fortunate in securing some of my distinguished friends to come and address us. The attendance at the meetings, I think, justified my attempt, and I feel satisfied that all who were present obtained some useful information. I do not claim that the session was ideal, for although the presence of an eminent member of the profession is calculated to attract men to a meeting it does not follow that the subject to be discussed or the information to be gained is the most useful to the majority who attend.

As I have already stated, I think an interchange of views between our different towns would be useful, and papers on general subjects connected with everyday work would be distinctly helpful. Take, for instance, disease in the abdomen, which is so frequently occurring and offering puzzles of the greatest complexity—conditions with which I am often brought into contact, and which I view from the dual position of a surgeon and a general practitioner. A meeting devoted to a discussion of this matter should be useful to all of us. If our new President approves, and if it is thought sufficiently interesting to justify giving up one meeting to it, I shall be pleased to open the discussion.

There are many controversial subjects agitating the minds, not only of the profession, but also of the laity. Among our members there are, no doubt, some who could offer us papers, and many with divergent views which would lead to an illuminating discussion. May I enumerate some interesting subjects we might consider? such as the antiquity of man, his original organization, and the probable length of his tail; the approximate date of his appearance; whether the mummy of Rameses II, which is preserved in the museum at Cairo, is anywhere near the period of man's first appearance; or whether his

sojourn on the earth extends to thousands or to millions of years.

Then there are the still more interesting possibilities of the future, viewed from the evolutionary standpoint. Will the sense of smell, which is already on the wane, disappear? And will it be replaced by some other sense which the exigencies of the time may demand? With the rapid changes in our modes of progression will the present form of legs continue to be necessary, or will they eventually give place to some more useful extremities, such, for instance, as wings? Will the position of the eyes be maintained, or may it become advisable for one of them to find a place on the top of our heads to save us from destruction by ginger-beer bottles and other refuse discharged from our airships? Will the appendix remain, or will future surgeons be deprived of much of their work by its disappearance? And what will be the fate of the so-called cesspool—the large intestine? Does the crusade against the teeth indicate that they, too, must give way to some more satisfactory arrangement? Or is the present-day doctrine an illusion—that all disease is due to pyorrhoea, and that the only chance for our salvation is to submit to the wholesale extraction of our teeth?

Are we nearing the period when the population of the world will overtake the possible food supply? Is the solution of this problem to be found in the increased fixation of nitrogen? If so, is it probable that the vast quantity of that material which exists in the air will ever be utilized?

Some, considering such queries as these to be too speculative and not of much use for practical purposes, might prefer to discuss the possibility of improving our methods of diagnosis. Take, for instance, such a common disease as rheumatic fever. Is it always possible to distinguish it from other fevers? As a concrete example, may I quote a case which came under my observation? A lady had an abortion in the second month. The fetus was expelled in its membranes; not satisfied that all the placental tissue was away, I dilated and cleared out the uterus. Everything went well until the sixth day, when I found headache, pains, swelling and effusion in the right knee, urticarious rash, and a temperature of 103°. If I had not cleared the uterus out myself, and had my naked finger in it—I defy anyone to be certain in a rubber glove—I should have regarded it as septic. On inquiry, I learnt that she had had an attack of rheumatic fever three or four years previously, followed by chorea. This attack pursued the usual course; there was a relapse and ultimately a recovery. I was naturally anxious, and if there had been any means of establishing a certain diagnosis it would have been a great advantage.

Again, can a rash be certainly pronounced scarlet fever, and can enteric fever be diagnosed with certainty, even in the presence of a positive Widal reaction?

Drugs offer various problems, on which some members could doubtless enlighten us. Is it an advantage to have the multitude of new remedies which come into fashion only to be superseded by others? Are not some of the old remedies now discarded superior to the new?

Another fertile topic which occurs to me is the treatment of tuberculosis, with which many problems are connected. The advantages—and may I say the disadvantages?—of sanatoriums and of tuberculin injections; the suggestion of a fleet of motor cars to drive the sufferers about; the preventive measures and regulations, which demand all sorts of safeguards and inspections, cleaning and whitewashing, while they neglect the examination of the milkmen and bakers—people who may be suffering from phthisis and coughing and spitting all over our foods. My own suggestion, made many years ago, is that every one who assists in our food distribution should be subject to periodical examination, and, if found to be suffering from a communicable disease, prohibited from such occupation.

The treatment of the insane gives rise to another group of questions. Is it desirable to shut them up in asylums? Once in, should they ever be allowed at large? Should they be kept lingering on in their miserable existence at an enormous cost to the State? Should they be permitted to propagate?

Then there is the larger question of eugenics, with the rival claims of heredity and environment. This subject is very much in the foreground at the present time, and

its adequate treatment, in view of the investigations now being carried on, offers scope for diligent study and serious discussion, opening out a whole series of problems directly or indirectly connected with it, and all of immense and far-reaching practical importance for the present and future welfare of our own country and the world at large. Other questions worthy of discussion are the right to die and—may I add?—the qualifications to live, the falling birth-rate, whether due to physical degeneration, to the carrying out into practice of the Malthusian doctrine, or to other causes.

Other suitable matters for discussion, offering a wide and varied field of choice, are the control of venereal diseases, teetotalism and the regulation of the drink traffic, vaccination and the notification of diseases, the sale of patent medicines, the control of bone-setters, quacks, and Christian-scientists, and the disposal of the dead. We might enlarge our field by discussing the present day medical education, the advisability of a one-portal entrance, the benefit of special qualifications, and the advantage or disadvantage of a State medical service. The hospitals question is also worthy of attention, and the all-important nurse demands our earnest consideration—whether a State registration of nurses would be preferable to the present chaotic position, which allows any female to don a uniform and palm herself off as the finished article.

There are also innumerable cases of interest constantly occurring, the recording of which would add largely to our store of knowledge and so increase our usefulness. Indeed, it is sad to think of the loss we annually sustain through the neglect to report them.

With all this material for discussion, I predict for my successor a very busy session. Out of the many and varied subjects suggested he can offer ample scope to all the members of the Branch to display their special knowledge and attainments and so enlighten the whole body.

STAFFORDSHIRE BRANCH,

RECENT LEGISLATION AND THE MEDICAL PROFESSION.

By JOHN RUSSELL, M.A., M.B.,

Honorary Physician to the North Staffordshire Infirmary.

I PROPOSE in this address to discuss the tendencies of present State legislation, its effects on the profession, and the fitness of the present organization of the profession to cope with the duties required of it. This I cannot hope to overtake fully in the short time at my disposal. I can only touch on the points which have struck me personally, from my own experience, as being of importance.

The tendency of present legislation is for the State to concern itself with the health of the individual. The productive power of the State depends on the efficiency of its units, and that again depends on a full, free, and complete development and use of the healthy functions of life. Is it any wonder, then, that the State has become alive to the necessity of concerning itself with, and making itself responsible for, the health of the individual units of which it is composed? The wonder is that it did not become alive to this necessity ages ago. This involves a certain amount of compulsion, a thing always considered repulsive to a British subject. We have heard it argued over vaccination, and we have had the conscientious objector introduced to an extent which is a positive danger to the community. Well, there is a Nemesis waiting. Again, recently in this neighbourhood we have had a newspaper correspondence about temperance legislation, and the opponents of any restriction on the sale of alcohol have been quoting with much jubilation Bishop Magee, who in a memorable address said he would rather see Britain free than compulsorily sober. Much, I grant, can be said in favour of the development of habits of self-restraint, and self-responsibility may do much to evolve a higher grade of character, but my experience tells me that the individual cannot be accepted as the arbiter of his own health, and an outside authority must be called in with power to act. How often does it happen that a man apparently in perfect health on coming to a physician to be examined for life insurance is found

* Delivered at the annual meeting of the Branch, June 25th, 1914.