amount. The employer endorses the account and sends it to the official paymaster. If the attendance is not finished the patient obtains another note, which is dealt with in the same manner.

There are thus already two checks on the attendance. First, the repeated applying for a note and stating generally the nature of the service required—for example, the man says one of his children has got diarrhoea, and obtains a sick-note for a week; at the end of a week he asks for another note for a month as his child is certified as having typhoid. Secondly, there is the check of the employer knowing his men, who are the shirkers, who are the sickly ones, and who have the sickly families; often also he knows the nature of the illness, as in accidents at the works.

There is still a third and doubly efficient check, for the note goes to the official paymaster, who ought to be a medical man like the medical officer of health. In a very few weeks any paymaster would have a very intimate knowledge not only of the amount of attendance each disease or accident averaged, but of the amount given by each doctor in his district for any particular ailment. In case of a difference of opinion between the doctor and the paymaster, the matter could be referred to the Ethical Committee of the British Medical Association local Division, who would deal equitably and honourably between the two. When it is remembered that not only are there the criminal laws and courts of justice available for the prevention of fraud, but that the medical man is also subject in such cases to the crushing penal powers of the General Medical Council, it will be evident, I hope, that the idea of fraud in "running up bills" is, as I said, contemptible.

The "ordinary fees" may be a stumbling-block to some doctors, who would say "my fees are higher than the ordinary ones, and I cannot accept the fee of the Government paymaster." But this practitioner has already the same difficulty in his ordinary practice, and if some of his patients who used to pay him 5s. a visit are now insured by the State (as under the payment per visit system there is no reason why they should not be) to the extent of 3s. a visit, he will as easily obtain the supplementary 2s. as he did formerly the 5s. in competition with his *confrères* of lower requirements.

This system also solves all difficulty about wage limits. In a letter to the JOURNAL of February 19th, 1910, Dr. P. R. Cooper says:

What a blessing it would be if all medical practice could be paid for in this way—that, is, not by the patient but by an independent insurance department—

poor persons being assisted in their premiums by the State. Now there is nothing in this scheme to prevent the man with an income of £500 a year (to whom insurance against doctors' fees is as necessary as insurance against fire) insuring with the State by paying a premium equal to the total contributions of State, employer, and beneficiary, and there might even be two scales of premium to meet the benefits required, or the *pro rata* on income premiums might be continued up to £1,000 a year. In a letter to the JOURNAL (May 7th, 1910) Dr. Gough says:

The extension of the present club system as suggested by the British Medical Association is about the worst system for the average general practitioner that could be devised... the principle of the thing is wrong; if any "scheme" is to be carried through, it must be unanimously supported by the whole body of our profession. To obtain such unanimity of purpose it is a *sine qua non* that the scheme shall not be detrimental to the interests of any section of the profession.

Now the British Medical Association's scheme, and Dr. Fothergill's scheme, are both detrimental to the interests of that section of the profession—namely, the general practitioners—which is affected by them, though I agree with Dr. Gough that the former is the worse offender; but a scheme which aims at putting our poor patients on the same footing as our rich can be detrimental only to those club doctors who hold their patients by *force majeure*. Certainly their occupation will be gone; but this scheme, if it does anything at all, will redress the present inequality between the amount of attendance required and the amount actually afforded by the patients' means. It is true in one sense that at present there are too many doctors, but only too many for the pay available, not too many for the work that ought to be done. Under a State

insurance scheme, with adequate remuneration, there will be work *and* pay for all, at least for many years until the supply of doctors once more exceeds the increased demand, and the doctor with all club patients, even if he loses two-thirds of them as a result of their freedom, will earn as much as he did before from his club attendance. Lastly, the club system has been a righteous grievance to the club patient, and, as a club doctor myself, I feel it would be a low ground to take that I might lose my club patients in dealing with that grievance.

My scheme, therefore, is to approach the Government with these propositions:

1. The vast majority of medical men work primarily for love of their work, and not for pay (proofs galore in Poor Law Commission Report, in attitude of science, history of medicine, etc.).

2. Poor pay of medical men is bad for the patients they treat, for the progress of medicine, and therefore for the nation at large. (Enlarge on club work—100 patients a day—the "bottle of medicine," impossibility of, not unwillingness to do, good work, and so on.)

3. The payment per head system is obnoxious to all medical men (except such as hold only clubs, which is equivalent to being a salaried officer).

4. Private practice or whole-time salary are the only services which *wholly* satisfy the doctor (or, we might add, the patient).

5. Salaried officers are barred for a State insurance scheme, because the *subscribers* will demand and have a right to unlimited choice of doctor.

6. It is better for the patient and for the nation that they should get medical advice too easily rather than with too much difficulty.

We present to the Chancellor of the Exchequer (7) a scheme for leaving to the contributing assured full liberty to have what doctor he will, and for paying that doctor in the way he would like by a system of sick-notes or vouchers (this to be discussed and elaborated if necessary).

And if the answer to that scheme is that it would cost a great deal of money, we reply that the gain to the nation in health, physique, and freedom from anxiety will be greater even than the gain to the doctor in being emancipated from the atrocious conditions under which he has laboured so long; and I cannot but think that a statesman of the first rank would view the magnitude of the benefits he had the chance to confer, with a mind broad enough to see the smallness of the merits of parsimony in the methods of achieving his project; nor could I suppose him blind to the honour that would devolve on the man who discarded the idol of "cheapness" in favour of equity and efficiency.—I am, etc.,

Bristol, Sept. 3rd.

HARRY GREY, M.D.

SHIP SURGEONS.

SIR.—The accompanying letter is typical of many received by me. I must thank the numerous ship surgeons who have written in similar terms supporting the scheme of association as outlined in the letter of June 9th. It may be remarked that one of the suggestions contained therein has since been acted upon—namely, "the revision of the existing Board of Trade scale of drugs and appliances"—surgeons of several leading companies having been called upon to report on the question of the present drug supply.

Dear Dr. Elliott,—As an old ship surgeon of the Orient, Royal Mail, Union Castle, Pacific Steam Navigation Company, and other lines, I need hardly say I am in complete sympathy with the formation of some organized society, partly represented by a subcommittee of the Medico-Political Committee of the British Medical Association, to inquire into the many rightful grievances of ship surgeons. As a fairly large body of professional men earning their livelihood at sea, the utter apathy displayed by them in this matter is much to be deplored, and, I fear, only tends to accentuate the bad name the ship surgeon has in many cases deservedly earned.

If we mean to establish our proper status it is essential that, as ship surgeons, we unite firmly, and form a strong representative committee, which will ultimately secure not only the aid of the British Medical Association and the Board of Trade, but of all shipping companies. We will then have some chance of improving not only the lot of the ship surgeon, but ensuring that shipping companies have steady, capable, and reliable men, who will not in future be looked upon as the "birds of passage" they have hitherto been.

The many points detailed in your letter all need consideration. The formation of a Royal Naval Reserve of Surgeons is

what many would heartily welcome, and should prove a stimulus in fostering the much-needed *esprit de corps*.

If necessary, make use of my name, for I shall be glad to help in any way I can.—Yours very truly,
(Signed) GEORGE A. F. GRAVES.

The tone of the above letter is similar to many received daily, all going to show that the time is ripe for reform.—I am, etc.,

Rostrevor, Sept. 9th.

JOHN F. ELLIOTT.

SIR,—I have read with much interest the somewhat desultory correspondence which has been appearing under the heading "Ship Surgeons" for the last two months. I am greatly afraid that interest in this matter is difficult to arouse, principally because those who should be most interested in it are generally at sea, and are out of touch with current medical news.

About two years ago an attempt was made to start a ship surgeons' association. On writing fifteen months ago for particulars, I was informed that the proposed association had failed to materialize owing to lack of interest. I am not a member of the British Medical Association, but if a maritime branch could be formed, or something definitely done for ship surgeons, I should certainly become a member.

With regard to the work, there seems to be a general idea that a ship surgeon has next to nothing to do, and that he is a "slacker," if not something worse. This may be true on some routes, but on others the work is very heavy at times. Things are quite busy enough for most men on the homeward run of a mail ship from Bombay to Marseilles, with a fever-infected crew and a full list of passengers—women, children, and debilitated men—to look after, to say nothing of inspections of every member of the crew every day from Bombay to Suez.

It would be interesting, I think, if some one who has been surgeon on one of the big Atlantic liners would give a brief outline of the work done on a single trip—say, on the Cunarder *Mauretania* or the White Star *Baltic*.—I am, etc.,

September 8th.

DUKTER-SAHIB.

NOTIFICATION OF BIRTHS ACT.

SIR,—Owing to certain cases which have been placed in my hands, it is clear that in some districts in England the local authorities intend to bring into operation the penal clause of the Notification of Births Act in respect of "medical attendants" who have failed to carry out the procedure of notification. It will be remembered that where the Act is in operation the duty of notification falls upon the parent, the person attending, and the medical practitioner. Apparently, the penal clause for non-notification is to be set in motion against the last of these only; and in one case it will fall to the lot of the Medical Defence Union shortly to defend seven or eight summonses issued against an individual member. We have, as lately reported in the JOURNAL, successfully defended a member who was proceeded against, being able to plead as a defence that he had reasonable grounds for belief that one of the other "parties" had notified. I should like to warn the profession generally that if this defence be raised, it must be supported by evidence.

A medical practitioner, as soon as the birth is complete, should call the attention of the father of the child or the nurse attending to the necessity of notification, and if possible this direction should be in the presence of a third person, so that additional evidence should be capable of being brought forward if a summons be issued against him later. Whilst the Act is in operation it is useless to ignore it or to imagine that the authorities are not prepared to prosecute. A rude awakening will soon assure practitioners to the contrary. The procedure adopted by most authorities is to treat the parent and the nurse as non-existent, and to deal with the medical attendant as if he were the sole person responsible for the notification. This procedure is manifestly unjust, but the loose drafting of the Act, like so many other Acts, presses heavily upon our profession, and permits this choice of defendants to the authorities, and enables these to single out the "doctor" for the attack.

There are two alternatives to escape the penalty of conviction or the trouble of a prosecution: either to duly notify, or to see that one or other of the persons named in

the Act carries out the directions as to notification. It must be always remembered that in defending we have to satisfy the magistrates that we had reasonable ground of belief that someone else has notified, and that unless we can do so a penalty may follow.

The Notification of Births Act is going to cost the medical profession some considerable trouble, and every precaution should be taken to prevent additional loss of money by incurring penalties. Almost every session of Parliament now casts additional unpaid work upon our profession. The proposed "Coroners Act," promoted by a medical member of Parliament, and, I believe, drafted by a "medical barrister," will be, if passed, another instance of the manner in which the profession is to be heavily burdened for the benefit of the public, without remuneration. It is high time that united action should be taken to check this legislative exploitation; to refrain from defending ourselves because a cry may be raised that we are "out for fees" is to brand ourselves as cowardly. Is there any other profession which is compelled by law to do so much gratuitous work as ours? It is high time that we prevented any further "raid upon our hen-roosts."—I am, etc.,

London, W.C., Sept. 6th.

A. G. BATEMAN.

CORONERS' LAW AND DEATH CERTIFICATION BILL.

SIR,—I was glad to see the four excellent letters on this subject in the BRITISH MEDICAL JOURNAL of September 3rd, and hope practical steps will at once be taken to give effect to Dr. Russell White's suggestions. (These should include non-members of the British Medical Association.)

As long as the members of the medical profession allow themselves to be treated as convicts—that is, forced to work for nothing—just so long will they be treated in this way. If they, as a body, decline to do professional work for the State without reasonable remuneration, that remuneration will be forthcoming, and with it the respect of all reasonable and business men, and the work will be well done and be of value to the State.—I am, etc.,

Ambleside, Sept. 5th.

G. AINSLIE JOHNSTON.

SIR,—We, as a profession, claim that we should be paid for work done by us, and it appears that in consequence of this attitude on our part we have rendered ourselves liable to the reproach that we are "out for fees." We are no more "out for fees" than are all men and women who have to support themselves by their own exertions and are not living on independent means.

Dr. Asten tells us that Sir William Collins has omitted arrangements for payment in his bill for reasons of "diplomacy." It is strange that men in other occupations are never refused payment for similar reasons. If we order provisions from our butcher or baker, we have to pay coin of the realm, and the diplomat who obtains goods from tradesmen without payment very soon gets into trouble. May we hope that "diplomacy" may soon become as obsolete inside the House of Commons as it is outside it?

The suggestion made by "Unitas" in your issue of August 13th that we should cross out the words "I have examined the body" is open to the objection that the registrar might decline to accept a certificate so treated, with the result that the relatives of the deceased might be unable to get the body buried. Most of us would give way if matters came to such an extreme as this.—I am, etc.,

September 6th.

DEMOCRAT.

SANATORIUM TREATMENT OF TUBERCULOSIS.

SIR,—Dr. Dutton's letters in the JOURNAL of August 13th and 27th make it quite clear that, in his opinion, cold, damp night air is hurtful to the individual, and apparently his opinion is shared by a writer in last week's issue. It is this groundless fear of the injurious influence of cold, damp night air which compels a large number of people to close tightly their bedroom windows at night and spend their sleeping hours in badly-ventilated rooms, much to their own detriment. Some nine years ago at our county hospital we built an open-air balcony capable of containing ten beds. On this balcony have been treated cases of pulmonary tuberculosis and a large number of other diseases likely to be benefited by the open air