tion to the time that elapses between the earliest manifestation of the disease, and the time the patient is brought under appropriate treatment.

In this connection it is impossible to avoid reference to the unsatisfactory state of the law as it affects medical practitioners and the signing of lunacy certificates. In theory, in their action in such cases—in *bonâ fide*—they are safeguarded against loss or injury resulting from legal proceedings. In practice it is not so. The present state of affairs is very largely responsible for the difficulty that exists in bringing many cases of insanity under treatment in the early stages of the disease.

THE FUTURE OF THE PROFESSION AND OF THE ASSOCIATION.*

By SYDNEY WILSON MAC ILWAINE, L.R.C.P.,
M.R.C.S.
Redhill, Surrey.

THE future of our profession, like its present and its past, divides itself sharply into two parts, which must be considered from quite different standpoints. The investigation of disease—the tracing of diseases to their causes—is part of the study of Nature; the knowledge gained is science in precisely the same sense as the knowledge gained by the astronomer and the geologist in science. When we come to the application of this science to the relief of humanity, and put the art of medicine into practice, we find ourselves in very deep water; we no longer breathe the pure air of science. It is in connection with the turbid waters of practice that I wish to refer to the future of our profession.

When a practically unlimited number of men are turned out to gain a living by the practice of medicine amongst a public who are bent on obtaining what they think they require, often at the lowest possible price, it is evident that mercantile principles will be applied by the public, and that competition in the ranks of the profession may not always be conducted on strictly ethical lines. That the arrangements existing between the public and the profession are in many ways unsatisfactory is probably recognised by all of us; that they will automatically improve is the belief of every good optimist.

The question of immediate interest is whether these relations can be promptly improved by anything that it is within our power to do. Legislation, including revision of the Medical Acts, is advocated by many, and, while it is undeniable that it might do good, it is equally certain that it might also do harm. Legislation means agitation, and to plunge a profession, necessarily disunited in their plan of campaign, into a struggle of the kind would certainly be a rash experiment.

It is always open to the members of the medical profession to raise themselves to a high scientific standard; the thing is in their own hands. They may rely on the support of the enlightened minority of the public, as witness, for example, the recent history of the hospitals and of the Jenner Institute; they will not be helped or hindered by the great ignorant mass of the public. On the other hand, if legislation were pressed for on matters in which the whole public as well as the profession are personally concerned, we should immediately come into forcible collision with people in a way that must lower our status whether any material profit resulted or not.

What then is open to us in the field of medical politics? We probably all honestly believe that the abolition by law of quackery would be for the benefit of the public; it is certainly also desirable from our own point of view. It does not, however, by any means follow that it would be wise for the profession to take up arms against this hydra-headed monster. What we mean by quackery and what the law and the public mean are absolutely different things. Unfortunately even registered practitioners are not by any means unanimous on the point. This, probably the largest field of possible operations, is therefore, hopelessly out of our reach.

Prescribing and advertising druggists do an enormous amount of medical practice; they make fortunes at it. Here

again effective legislation would practically have to include the prohibition of the sale of drugs to the public except by registered practitioners. The thing is impossible. There is a very obvious course open here, that is, to leave as far as possible the dispensing of drugs to the druggist, and so separate ourselves from him. The public, in learning to pay for our advice, might perhaps learn to put a somewhat higher value on it than they do at present.

Midwives stand in much the same relation to us as do the druggists; their abolition is impossible except at the will of the public. Many, I may say most, medical men are honestly convinced that it would be for the good of the public, quite as much as for our own good, if every parturient woman were to be attended by a registered medical practitioner. On the other hand, physiological labour belongs no more than any other physiological act to the domain of medicine proper: it is outside the realm of disease. The public have settled the midwifery question for themselves centuries ago. They have employed, they still employ, and they will continue to employ "mere midwives." It is not for us to bid against them. As opponents of midwives our position, however honest our convictions, can always be made to appear undignified and self-seeking. It is an untenable position, and one, therefore, to be avoided.

Other more drastic measures are sometimes advocated, such as the placing of the General Medical Council in the hands of a majority of general practitioners. This is at first sight an attractive method for righting some of our wrongs but it does not bear investigation. The idea is based on the belief that general practitioners are agreed on the subject, that they know what they want, or rather what is best for them, and that, given the power of the General Medical Council, they could obtain it.

Both the agreement as to what is desired and the supposed power to obtain it are mere illusions. We do not prescribe for ourselves in case of illness. In the same way in questions of legislation affecting us, in matters of education, discipline, and so on, it is my conviction that these gentlemen of the General Medical Council, whom we ourselves have helped to raise to their present position in our profession, know better than we do what is good for us. They can approach the powers of the State and the public in a way and with results that it is quite improbable a body ruled by a majority of general practitioners should ever do.

Then there is the question of our treatment, some would say of our neglect, at the hands of corporations, such as the colleges. The man who adopts medicine as a profession enters a corporate body. There must be examinations, regulations, degrees of magnitude and altitude; and there must be enviable positions occupied by the few; this applies to all corporate bodies. Human nature is not yet perfect, and we must not demand perfection of our corporations, they are but human. At the same time it may be questioned whether any other profession—the church, the diplomatic service, the navy, the army, or the law—is guided by a more sympathetic or approachable body of seniors than ours; for myself I do not believe that it is; let us be content as we are in this respect.

Latterly there has even been a tendency to throw stones at ourselves, so to speak; the British Medical Association has been roundly accused of "giving away" the medical profession. One can almost imagine after this that someone will be found to assert that the British Constitution is in need of mending. But, seriously, if any one can devise a plan to make the British Medical Association more democratic than it is, by all means let us have it. In the meantime the Association, with its 18,000 members, stands as the representative of union in our profession. If it is not perfect, if it does not fully perform its functions, whose fault is it but our own? There it is for us to do with as we please, and the day is long past when anyone can think of starting a rival society.

So far I have been speaking chiefly of things in the region of medical politics that in my opinion ought not to be done. I would sum up all that is to be said as to what ought to be done by urging the general practitioner to make the British Medical Association more of a living reality. The thing is so plain that one wonders only that it has not been done long ago. Why, for instance, to give but one example, are we victimised by the sweater disguised in the cloak of philanthropy and thrift? Simply and solely because we are not

* Read before the East Surrey District of the South-Eastern Branch of the British Medical Association.

united. The means of union is ready to our hands. When it shall be a slur on a medical man not to be a *bonâ-fide* member of his Branch, and when he shall be ashamed of not meeting his colleagues occasionally for the discussion and furtherance of their common interests, professional and material, then the medical profession will speak with an audible and authoritative voice. Let us realise that in unobtrusive local combination, not in any way unbecoming a body of educated gentlemen, lies the best prospect of our future. Agitation, which always ends in the creation of the paid agitator, is a thing to be shunned. Not only the scientific but also the political elevation of our profession is a question for our own solution; we must work out our own salvation in both directions, otherwise we shall surely never find it.

Having said so much of what may be termed the theoretical order, I would like to venture on one practical suggestion. The weakness—the unreality, if I may say so—of the Association lies in the Branches; even their membership, as compared with our total number of members, is far from satisfactory. The numerical attendance at Branch meetings takes us another step in the wrong direction, towards lethargy. The man who merely takes the *BRITISH MEDICAL JOURNAL* is not a really active member of the Association. He neither controls, nor is he controlled by, his colleagues to any appreciable extent; and it is in this mutual help and influence that our best prospects in every direction lie. There is an urgent demand, a just demand, for the doing of something for the amelioration of the lot of the general practitioner. What shall be done, and who shall do it? Here it is that, to my mind, the future of the profession is, or ought to be, indissolubly bound up with the future of the Association. The Gods help those who help themselves. I suggest the formation of local societies by members of the Association, subsections of our present Branches to correspond with boroughs and other naturally marked areas in order that the profession may deal with medical politics locally, quietly, and unitedly. After a good many years' experience and a good deal of thought and consultation, this is, to my mind, the right way to face these questions. The accumulated influence of such societies would infuse new life into the Association and give the profession a power—a legitimate power—we little dream of. Although occupying themselves perhaps primarily with medical politics, it is not suggested that these local societies should not concern themselves with professional subjects. On the contrary, they would help to remedy a grave flaw in our professional life. At present, so far as the body of his colleagues are concerned, the experience of the general practitioner practically dies with him. This is certainly not as it should be, and the whole profession is thereby much the poorer.

There is a tide in the affairs of corporations as well as in those of individuals. Is our Association, in not more fully recognising and in some way meeting the present unrest, neglecting an opportunity whose passing may be followed by the undesirable results that come with an ebbing tide? I would submit the suggestion for the consideration of those who know much more of the working of the Association, both centrally and locally than I do.

At the suggestion of our Secretary, to focus the discussion so to speak, I beg to move the following resolution:

That it is desirable that the British Medical Association should authorise and encourage the formation of local societies among its members.

OBSERVATIONS ON THE ORGANISATION OF THE BRANCHES OF THE BRITISH MEDICAL ASSOCIATION.

By W. GORDON, M.D.,

Late Secretary of the South-Western Branch; Representative of Exeter on the South-Western Branch Council.

The present unsatisfactory position of the medical profession may probably be traced to three chief primary causes—namely:

1. Want of union.
2. Want of organisation.
3. Overcrowding.

Of these the second seems the most immediately important,

for it is partly responsible for the first, and until it is remedied it is doubtful if we can deal with the third.

The British Medical Association will in time be synonymous with the British medical profession, and therefore the best way to attempt the organisation of the profession is to perfect the organisation of the Association. There is no part of the organisation of the Association so defective as the organisation of its Branches; and it is with regard to Branch organisation that I would make a few remarks.

DRAWBACKS OF AN UNORGANISED BRANCH.

When Secretary of the South-Western Branch under its old rules (which were much the same as those of most Branches) I found the following difficulties dependent on Branch constitution:

A.—Difficulty of Getting New Members.

This difficulty was apparently due to want of personal acquaintance with those whom I wished to secure. Men whom I knew personally rarely refused to join. Men whom I did not know rarely consented unless they were approached through a mutual acquaintance. But I found that a mutual acquaintance often failed, chiefly, it seemed, because he had no official right to secure members. This last statement sounds fanciful, but it coincides with the view of a very shrewd and active member of the Branch who stated it as a matter of personal observation.

This difficulty of getting new members hinders, to what seems a serious extent, the growth of a Branch. So long as a considerable part of the profession in a Branch district holds aloof from the Branch, the Branch's influence is considerably weakened. Consequently it seemed necessary to divide our district into smaller areas, and to appoint an official in each area to carry on the work of securing fresh members for the Branch. It seemed also desirable that these areas should not be too large, so that each official might have a personal acquaintance with, at all events, most of the medical men in his area.

B.—Difficulty of Effectively Approaching Members of Parliament.

When I wrote on Association business to the members of Parliament who represent Devon and Cornwall, although my letters were politely acknowledged in most instances, I could not but feel that a Branch Secretary is at a great disadvantage in writing to a member of Parliament whom he does not know and whose constituent he is not, especially when the member of Parliament is unaware whether the Secretary is speaking for more than only one or two medical men in the member's division.

Again, when it was desirable to obtain all, or nearly all, the signatures in the Branch to such a document as a Parliamentary petition, one came face to face with a practical impossibility.

It seemed, therefore, necessary that one member of the Branch in each Parliamentary division should be officially placed in charge of that division, so as to approach his own member of Parliament solely on behalf of that member of Parliament's own constituents. It appeared also comparatively easy with such an arrangement to obtain all the signatures of the Branch to any important document, each division being looked after by the member of the Branch in charge of it.

In short, it was felt that the Branch ought to be:

1. Subdivided into areas with a sort of secretary or representative in charge of each area.
2. That the unit of area for this purpose should be the Parliamentary division.

An arrangement which would remove simultaneously both difficulties, A. and B.

A Subcommittee consisting of the then Secretary and the three past Secretaries of the Branch was accordingly appointed to work out a scheme embodying the changes, and its recommendations were adopted nearly two years ago. We have, therefore, nearly two years' experience of the working of this system.

The result on the Branch of the change of rules seems to me to be:

1. *Greater Ease of Securing New Members.*—The first year of its working was a year of unprecedented growth. The present year is still uncompleted.

2. *A More Active Branch Life.*—There seems to me no