which caused adhesions, the long delay before operation was most adverse in the same manner: which delay had its origin in the universal timidity surgeons entertained with regard to tampering with the peritoneum. For this reason the smallest incision possible, from 2 to 4 inches, was in vogue in ovariectomy, necessitating greater violence in extraction, and precluding examination of the abdominal contents. Extraperitoneal treatment of the pedicle by clamp retarded year after year all progress in this branch of surgery. Nothing was known as to the method of dealing with adhesions, which it was the custom to strip off the surface of the tumour before evacuating the contents, so conducing to hæmorrhage. It was not known how many layers of the abdominal wall to suture, and in fact it was quite haphazard as to this. Not that surgeons were careless in those days, for according to their lights they took as much pains as men do at the present day. Thus the temperature of the operating room was scrupulously regulated, being made very warm with steam kettles going, and the patient was kept in strict privacy before, during, and after the operation; those attending it were limited in number, and care was taken that no one present had been in attendance on any contagious or infectious disorder. We now know that many of these precautions are unnecessary, some of our best results being obtained in the general operating theatre and wards of our hospitals.

For myself, I can say that I have become imbued with certain broad principles in the surgery of the abdomen, chiefly through the writing and practice of others. In the first place the incisions should be sufficiently large; of course, no one would make them unnecessarily so, but if the purpose require there is no reason why the incision should not extend from pubes to ensiform cartilage, and for the same reason the abdominal walls may be cut through, transversely as well as longitudinally. I have several patients, alive and in good health, in whom this has been done extensively. I always observe the greatest care not to disturb the relation of the peritoneum to the inner surface of the abdominal wall, so that the sutures in closing the wound may traverse all the layers, including the peritoneum, the two surfaces of which are thus brought into apposition. In the event of distended intestines being extruded it may be impossible to return them before sewing up; in this case it is better to make a clean longitudinal cut in the most distended portion, and catch the contents in a bowl, protecting the other bowels from contamination by means of aseptic towels, wrung out of hot 1 per cent. lysol solution. When by this means the distension has sufficiently subsided, the incision is carefully sewn up by means of a Lembert suture and returned into the cavity of the abdomen. This plan is much better than trying to force guts back into an almost impossible space. Of course, the incision of the bowel must be most carefully sewn with a fine ordinary sewing needle and finest silk. Irrigation of the cavity of the peritoneum is much adopted by me, but in one way only—namely, by pouring hot water into a large glass funnel, having adapted to its lower end from 2 to 3 feet of rubber tubing fitted with a Keith's glass drainage tube on its extremity; the Keith's tube is passed to the back of the abdominal cavity and into the depths of the pelvis and loins; by elevating the funnel the stream wells up from the depths and floats extraneous matter, as lymph, pus, and blood, to the surface; this is continued until the water flows off quite clean. I often use many gallons—say seven or eight. The water is used as hot (not warm) as is comfortable to the hand, and acts as an immediate stimulant. No sponging out or attempts to remove the superfluous water are made, and practically the peritoneal cavity is left full of hot water and sewn up. The hot water arrests hæmorrhage from torn adhesions, prevents adhesions taking place between abraded surfaces of peritoneum or to the ends of cut pedicles, obviates shock and prevents the sense of thirst so frequent after extensive abdominal operations, the fluid being freely absorbed into the circulation from the peritoneum. As to drainage, I closely follow the aphorism "When in doubt, drain." I have never regretted doing so, but sometimes have the neglect to do so. I always use glass drainage tubes, generally Keith's, and insert a twisted strip of gauze to the bottom and hanging well out of the open extremity, to serve as a capillary siphonage. I consider to wash out the peritoneal cavity by pouring in water out of a jug a very inefficient method, as only the surface water runs off. *Apropos* of drains in the peritoneum, I have occasionally left them in too long—say a week—the patient doing well with them *in situ*, and with the result that sometimes I have experienced difficulty in removal; this especially applies to gauze drains, which of course one is not so likely to leave in as glass tubes. In any extensive search over the intestines, say to find a wound or hole, I think it better to allow them to be extruded into warm wet aseptic towels than to endeavour to keep them inside the

abdomen; indeed, I have little fear of bowels extruded during operation, provided they are gently handled, with clean hands, and kept warm in aseptic towels or sponges.

It has happened to me on several occasions to open the abdominal cavity, in the sure conviction that I was about to remove a cyst or tumour, to find there was nothing of the kind; most of such cases have been tuberculous peritonitis, matting together intestines and contents, so as to simulate a defined tumour, but separation of the intestines, omentum, etc., as far as seems safe, and flushing out with hot water, are most successful; indeed, one cannot explain the marvellous effect of operation or tuberculous peritonitis, except by supposing the operation excites unusual active absorption of inflammatory products by the lymphatics of the peritoneum. Repeatedly have I sewn up cases feeling that I had failed entirely in what was my intention, and that nothing but death remained for the patient, to find the most surprising benefit result; and even in cases eventually proving fatal, the inevitable had obviously been delayed by the operation.

TRANSFUSION OF SALINE FLUIDS.

A few words may be said as to the intravenous injection of saline fluids into the circulation to combat shock, and the excessive loss of blood in any operation. I have the greatest opinion of its efficacy; it is easy to perform, and the results most striking: from four to eight pints are usually required, and ordinary hot water, agreeable to the hand, with a small teaspoonful of salt to each pint is quite efficacious.

In a recent case of mine of amputation through the hip-joint for old tuberculous disease, which had been put off far too long, the patient being extremely collapsed on the table, although the loss of blood had not been excessive, the injection of six pints of warm saline fluid into his median basilic vein produced at once a flush over the face, warmth throughout the body, and a full pulse. In this case the disease had advanced far in the ilium, the acetabulum being perforated; profuse suppuration continued, and the patient succumbed to exhaustion three weeks afterwards; but on the eighteenth day, when the man was lying in a hopeless condition, being absolutely unconscious, with eyes glazed and half open lids, quite insensible to any external impressions, with cold, clammy skin, *facies Hippocratica*, and no pulse to be felt, I again injected over six pints of warm saline solution into the vein of his arm, with this result, that a feeble pulse returned at the wrist, his aspect improved, the conjunctival reflex returned, and the man spoke a few incoherent words; but, of course, there was no hope for him, or any permanent improvement, and in a few hours he relapsed into his former moribund condition.

There was not, however, the slightest doubt as to the marvellous effect of the transfusion. I am not aware that it has hitherto been used except to combat shock, the immediate result of operation, or hæmorrhage. The above shows that death, imminent from diminished intravascular pressure from any cause, may be delayed by filling the blood vessels with saline fluid.

AFTER-TREATMENT OF CASES OF ABDOMINAL OPERATION.

In the after-treatment of cases of abdominal operation, my aim is to give nothing by the mouth for the first twenty-four or forty-eight hours, except occasional sips of water, and not this unless thirst be present, which it seldom is if fluid has been left in the peritoneal cavity; to give small (4 ozs.) nutrient enemata of beef-tea every six or four hours. If a catheter be necessary the patient should not be bothered with it too often, as is frequently done by officious nurses. I never give ice to suck under any conditions; it only accumulates iced water in the stomach and causes depression, and never give morphine in any form unless absolutely obliged for pain, and then it must be given subcutaneously and as little as possible. I give aperients early and as required, and especially if there are any signs of commencing peritonitis or distension, my favourite form being calomel in tenth of a grain doses every quarter of an hour. I am convinced that morphine is the "last straw that breaks the camel's back" in many cases of abdominal disease and operations where there is any tendency to stasis of the peristaltic action of the intestines or distension. I have seen patients who were in my judgment killed by a moderately big dose of morphine given to allay pain from distension, say in tuberculous peritonitis, or dilatation of the stomach.

SOUTH WESTERN BRANCH.

THE PRELIMINARY EDUCATION OF MEDICAL STUDENTS.

By PAUL Q. KARKEEK, M.R.C.S. and L.S.A.

President of the Branch.

I PROPOSE to bring under your notice the important question of the education of the intending medical student prior to beginning his professional studies. I venture to propound this

question: Is the present standard of scholarship a sufficient indication of the candidates having received the education of a gentleman, or, in other words, ought we to be satisfied that our successors show by the preliminary examination now passed that they have obtained an amount of scholarship and culture which should entitle them to enter a so-called learned profession? I am of opinion that the question should be answered distinctly in the negative.

This matter can of course be looked upon from various points. The happy father of half-a-dozen boys may think that the less fuss made about preliminary examinations the better, and the more cheaply he can get his boys off his hands the more he is pleased. But if this father were suddenly presented with the requisite funds I feel very sure, if he chanced to be a member of our profession, that the young hopeful's steps would be directed towards Oxford or Cambridge, and afterwards to London. That the son should enjoy advantages the father has often sighed for is but the natural ambition of every man. But we cannot all send our boys to Oxford and Cambridge, and must consider what is the next best course to follow.

I.—WHAT IS BEST FOR THE STUDENT?

At present by far the majority of students qualify by obtaining the second-class certificate of the College of Preceptors. This is indeed a very poor affair, and I am strongly of opinion that such a test is a disgrace to a learned profession. What is more, the students know it is not creditable, for I never met a colleague who boasted of entering the profession by this gate, although many have acknowledged as much with apologies of one sort or another.

"Education," said a well known head-master recently, "means the drawing out a boy's faculties; and it is only when his faculties are drawn out into energy that he will be able to play his part properly in life." The question therefore arises, Which is the best mode of developing a boy's faculties by education, and how shall it be applied? To begin with, the future medico should be well grounded in those subjects which become an Englishman of any profession—the ordinary school training of all middle-class English boys, no matter what their future careers may be. After that there are three roads recommended—classics, mathematics, and science. I must acknowledge a great predilection for a classical education as a means for training the brain and developing powers of observation, but there are many who prefer mathematics. My own "small Latin and less Greek" have long since gone away, and I may say as much of my Euclid and algebra. But it is a great mistake to suppose that because a man has forgotten his school work therefore it was of no service to him. He has been able to do what he has done in the battle of life by means of the mental training he went through in his youth. It is but too often the custom with men who have distinguished themselves—say at the Bar or in the Senate—to ridicule the labours of their boyish years, forgetful that without those labours their careers would have been very different. Thackeray, one of the greatest satirists since Rabelais, had a high opinion of a classical education; and when on one occasion he heard "Eothen" Kinglake laughing at the five or six years' enforced composition in Latin to which he had been subjected at Eton, said to him: "It has made you what you are." Huxley disbelieved in the benefits supposed to be derived from a classical education, and insisted, in his usual trenchant style, on the merits of science as a brain developer; but even Huxley could not be always right. A learned member of our own profession, Dr. Alex. Hill, Master of Downing College, Cambridge, whose whole life is passed in training medical students, and who has a practical acquaintance with this subject, which certainly seems of greater value than Huxley's theoretical assumptions, is of the contrary opinion. Dr. Hill says:

How to make a competent biologist—how to maintain that proper balance between the development of observation, the cultivation of memory, and the attainment of the ability to correlate and to compare observations, to draw inferences, and to base hypotheses. "Surely," it will be urged, "an early training in science is the surest guarantee of eventual proficiency." To this my experience gives an emphatic denial. Science scholars often cause their tutors the greatest disappointment. Their appearance in the examination room before they are 19 years old—the limit of age for an "entrance scholarship"—means too often that they are the boys who at the earliest possible age have deserted what we may call the proper work of the school for the sake of preparing for a science scholarship. They are not "lads of parts," but boys who have been crammed with scientific facts by clever teachers, and taught how to

show them off in the most impressive way. Their knowledge is often extraordinarily accurate and extensive. They have a magnificent test-tube acquaintance with chemistry, they have thoroughly mastered the elementary formulae of physics, they have acquired the elements of botany and zoology—but they have no mental training. Let them work never so hard during their three years' course at Cambridge, they are quickly overhauled by the honest boys from the big public schools, who, when they came up, did not know a test tube from a barometer. "The science scholar, as turned out by schools with a successful modern side," is a prodigy of information and difficult to beat on the earlier levels of his subject; but as soon as he reaches a region where solid facts are left behind, a region in which is needed a nice appreciation of the relative agency of arguments, the close following of a train of inference, he is like a clod-hopper on a glacier, without feet to grip or heart to dare.

This comment of Dr. Hill is severe, but it is evidently founded on an extensive personal experience. But this question is not debated in England alone. In at least one of the Colonies, in Prussia, and in France, those who are engaged in the higher branches of education hold the same view. Professor McGregor, in his inaugural address to Dalhousie College, Nova Scotia, last September, showed that he was strongly in favour of a classical education, but would apply it in such a way as to make boys work out the difficulties for themselves like the scholars of the Middle Ages, when grammars and lexicons were not to be had. In this paper he relates some German experiences which are exceedingly interesting. In Prussia there are two kinds of school—the Gymnasium, where classics are mostly favoured, and the Real Schule, where a scientific course is the rule. A few years ago the University of Berlin discussed the propriety of continuing to allow the pupils of the Real Schule to attend certain of its courses, and the scientific professors testified that for the work of their departments the men nurtured in the Gymnasium had been found better qualified than those who had come up from the Real Schule.

In an address given by Dr. Robert Saundby at Nottingham in October, 1899, he quotes Professor Jebb as summarising the reasons given by the Berlin Philosophical Faculty for retaining classical education as a training for professional studies.

1. Ignorance of Latin and Greek is a positive obstruction to the pursuit of many branches of study.
2. The ideality of the scientific sense is cultivated by studies which have not an immediate bearing upon daily life.
3. An interest in knowledge for its own sake is promoted by them.
4. The power of thinking receives a varied general exercise in these studies.
5. They are of historical value as illustrating the foundations on which so much of modern thought and life has been built.

If the English boy is at all desirous of emulating his German contemporary, I would recommend him to procure the syllabus of subjects for matriculation in a German University, or the equivalent for such an examination. It is much more than the Pass Examination in Arts at Oxford or Cambridge, yet no one, I think, will assert that our German colleagues are insufficiently educated, or that they are not well trained professionally.

In France, when M. Bourgeois was Minister of Public Instruction, the science professors made representations to the effect that their best pupils were those who had not devoted themselves to scientific studies until they had undergone a thorough grounding in literary subjects, after which their minds were better formed and more capable of comprehending the exact sciences.

The most singular fact in this collection of opinions is the unanimity of the scientific professors in recommending, for the sake of the student's scientific and professional career, that his boyhood should be devoted largely to classical studies. Thus, by the recommendation of those best qualified to advise us, we are brought to the conclusion that classics and mathematics are the best food on which to feed the minds of those whose future careers are to be devoted to observation, and drawing inferences therefrom. Dr. Hill goes farther, and recommends classics for medical students and mathematics for future lawyers.

The next question is, How much classics? And here my view is that there should be a good stiff dose of Latin and Greek. According to the regulations in force for the second class College of Preceptors (I am quoting from the syllabus dated September, 1899), it would appear that the student must take up English language, Latin, arithmetic, algebra, Euclid, and either Greek, or a modern foreign language. He can escape in Latin with one book of Cæsar, and should he be venturesome and dabble in Greek, he will have to undergo

the stupendous labour of reading one book of Xenophon's *Anabasis*. Under the head "Euclid" is this significant statement:

For candidates for registration as medical or dental students, and for intending veterinary students and intending students of the Institute of Chemistry, Books I, II, III, etc.

The doctor, the dentist, the veterinary surgeon, and the chemist are all measured by the same standard, which is so low that before long we shall have to seek for traces of the future student's scholarship with a microscope and a test tube. Instead of raising the standard and keeping well ahead we have gone back and other callings have come up to us. I honour them all the more for it; but at the same time this is a state of affairs which is disgraceful to us, and one which needs a speedy remedy. As an indication of the class of medical students who try to get in by the tempting doorway of the College of Preceptors, I may quote from a table of figures recently published by the General Medical Council, which gives the numbers of "Rejected" and "Passed" of the various examining bodies. No less than 71.5 per cent. are rejected at the "Special Medical Examination," and this is by far the highest of all the lists.

If students go to the hospital at about 19, I assume that they will have left school about twelve months earlier. Then I want to know what these Admirable Crichtons have been doing since they were 12 years old. What have they to show for five or six years of school life? Surely it were better to let the boy know when he goes to school that certain careers would be closed to him if he could not show more results than this miserable programme! Tell a boy that he has only to get up ordinary subjects, a little French and Euclid, and one book of Caesar, and, unless he is fond of literary work, no power will make him do more. But if, on the other hand, he were told that he would have to do so much more Euclid and algebra, so much Latin and so much Greek, he would buckle to accordingly. To say that this extra mental exertion would do him no good, that these acquirements would be thrown away, and that other boys who had not done so much would be as well qualified to begin professional studies as he, is to talk sheer nonsense. I contend that he would be better equipped for future work, and, what is more, that these same brain developers would stand him in good stead in after-life. I unhesitatingly say that, among my fellow students, those who have taken the best professional position were those most highly cultured. And among those members of the profession whom I have known during the past thirty-five years in practice, the most respected by the laity and the profession have been those with most evidence of scholarly attainments. I do not say that these men have all made the largest incomes; that is another matter. Success in practice depends on many things, some quite independent of intellectual and professional attainments. The public has not always the discernment to distinguish gems from paste; but, so long as it gets what it likes, it is satisfied and there is an end of it. But the esteem of one's colleagues is, after all, that which the honourable man will strive to gain, and no amount of clap-trap will obtain that. Among the reasons which I have noticed my professional friends assign as being in a certain man's favour is his culture and scholarship—"So-and-So is a well-read man."

II.—WHAT IS BEST FOR THE PROFESSION?

Perhaps by raising the standard of the preliminary examination we may possibly exclude some few candidates, a very desirable result, for we are everywhere much too thick upon the ground. I often tell my colleagues that thirty years ago there was in Torquay one doctor to every 970 of the population, now there is one to every 750. And I understand that other towns are in the same happy condition. A writer in the *BRITISH MEDICAL JOURNAL* not long since said:

Four years ago there were four "doctors" in a small manufacturing town. The population has not increased but now they are eight. A few weeks since three children of one of the newcomers were passed as half-timers for the factory.

It is only on account of the competition due to there being so many of us that the so-called medical aid system prospers. This has come into existence during the past few years and there is no need for it. The working classes never received so much pay as they do now, nor spent so much in luxuries, and they can very well afford to pay reasonably small sums for medical attendance.

Let me draw your attention to the relative positions of the medical and clerical professions. Let us assume that two young men enter a small country town at the same time. One shall be an M.B. of London, M.R.C.S. and L.R.C.P., and he has come to see practice as an assistant, or even as a junior partner. The other shall have been a student at a theological college for a couple of years, previous to which he may have been an ironmonger's assistant if you like; he has just been ordained and is now a fall-blown curate. The first shall have cost his parents from eight to twelve hundred pounds, and the second just two or three hundred. Which of these men, as strangers in the town, will receive most attention and hospitality; which will be received on terms of intimacy and equality in the best families in the neighbourhood? Will it be the young medico? No, it will be the curate. And why? In bygone times only those were admitted to orders who held a university degree, and these for the most part from Oxford or Cambridge. This stamped the owners as having had the education of a gentleman, and the public have continued to ascribe to the clergy the same reputation; and hence our young friend, so recently let loose after the superficial training of the Theological College, knew quite well what he was about when he calculated that by getting ordained he should make a short cut to social advancement. I grant that the after-career of these two young men depends to a large extent on their own individual merits, and he who has most culture, he who is most the gentleman, will receive most esteem. But at first going off, the curate's success was due to his having joined a profession which in former days had the reputation of consisting almost entirely of men of high education. All I have said here about clerical and medical will apply with equal force to clerical and legal.

The higher we raise our intellectual shibboleth the better, for by improving the tone of the individual members we must also elevate the tone of the profession as a whole. The more the medical profession seeks to earn the reputation for consisting of men of high culture, the better for everyone. There are those who argue that the object of education should be to make as much of a gentleman out of the student as possible; and the more we reduce it to mean the worship of the almighty dollar, the less its elevating influences will be felt; and the higher the standard arrived at, the loftier and purer will be the aspirations incited.

I do not propose to raise a financial barrier to prevent poor boys from entering the profession. All I ask is that the money now spent by parents in schooling shall be properly expended, and that the time at school shall be devoted to legitimate objects. I am well aware that the General Medical Council is endeavouring to make a move in this direction, and I wish it every success. It is not a novelty that I ask for; it is simply a return to the old regulations, such as were in force when I was a boy. If the boys of my day could take up two books of Greek and two books of Latin, in addition to Euclid, algebra, etc., why not the boys of to-day? It may lead to searching of hearts among schoolmasters; if so, the sooner the better. Those who can get the boys to do the work will soon earn the reputation for having this power, and the rest will follow. We now admit almost everybody by a very wide door, and immediately pull them up short at the next examination by a very narrow one. This is hardly fair to the student, because his mind has not had the necessary preliminary training to enable him to alter what has been his mental jog-trot into a racing pace. It would be kinder to the parents and the boys if many who now scramble through the modern "preliminary" were promptly rejected, and advised to devote their talents to any end other than medical.

Someone has said that "The object of life is not merely to live, but to live well." This can be read in two ways. Some of us do not live well from an intellectual point of view, and many of us do not live well financially. We can afford to neglect neither aspect of the case. For the sake of those who are to succeed us we must see that they have the best education our money can procure, and let us choke off the lazy or stupid schoolboy. The boy who has got a mind can learn anything that he is obliged to learn; though, boylike, if not compelled, he will prefer to do as little as possible, or to learn such things as may take his fancy.

As a simple provincial practitioner I have frequently seen the necessity for a new departure in respect of the scholar-

ship, learning, or culture of the profession at large. Doubtless there are many in this room who have detected the same need for an improvement in this respect. I have noticed with pleasure the position taken by friends who have done well at Oxford or Cambridge, and I should like to see the social attainments they enjoy much more common among us. We should strive to effect such changes which would enable the medical practitioner of the future to stand on an equal footing with the well-educated gentlemen of all professions. It ought to be the rule and not the exception. The preliminary examination I ask for will keep out of the profession no one candidate we should be sorry to miss; and those who can pass an examination of a higher standard will be all the better students of medicine and all the better practitioners for so doing.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

ON SOME MEDICAL QUESTIONS OF THE DAY.

By MILNER MOORE, M.D.Durh.,
Coventry; President of the Branch.

[ABSTRACT.]

NERVOUS AFFECTIONS.

AFTER suitably acknowledging his election, Dr. Milner Moore referred to the subject of nervous affections. He said: In no disorder or disease to which the human frame is liable does heredity play so important a part as in neurotic affections. The first case of nervous affection that occurs to my mind is the infant "muling and puking in his nurse's arms," whom, if the offspring of neurotic parents, we often find fretful, restless, twitching, and convulsed under the irritating influence of first dentition; and when we pursue the history of the case in after years, as in general practice we often have the opportunity of doing, we see the nervous child of 6 or 7, worried by its lessons, self-conscious, with night terrors, grimaces, and some of the numerous forms of torticollis.

Dr. Milner Moore emphasised a class of nervous cases that he had watched for years: These are for the most part women varying in age from 32 to 55; thin, anxious-looking, full of complaints of pain here, there, and everywhere, noises in the head, backache, headache, dyspepsia, and generally constipation, always accompanied by violent pulsation of the abdominal aorta. The cure would seem a rare event, for they wander from dispensary to hospital, and from doctor to doctor with advertised quackeries interspersed until either the disease or the patient is worn out; but they seldom die early in the struggle.....Can these troublesome symptoms be in any way traced to gout is a question which cannot fail to obtrude itself in an age when that old-fashioned complaint is credited with producing nearly every form of discomfort.

ALCOHOL: HEALTH AND DISEASE.

Upon the question of the influence of alcohol in health and disease, Dr. Milner Moore observed: After many years of careful observation, I have definitely made up my mind upon the subject, and am distinctly of opinion that health is better maintained in all periods of life without the use of alcohol, that the pleasure of living is greatly enhanced by a moderate indulgence; and that a moderate indulgence is most difficult to attain under the conditions of social life which prevail among a prosperous and wealthy section such as ours. The question therefore arises, which of the two suggested conditions is the better—perfect health without alcohol or imperfect health with indulgence, and the fact that upwards of £160,000,000 are annually spent on drink goes far to prove which is the favoured course.

There are doubtless, he said, very many occasions when it is a bounden duty to order alcohol. In tiding us over the difficulties of acute diseases, or giving aid in certain maladies where for a time at least food is taken or digested with difficulty, and in extreme age where again the assimilative powers are weak, alcohol does yeoman service, and sustains the flickering life. Then, again, it has its "moral effects," when by narcotising the over-sensitiveness engendered by worry or anxiety alcohol acts as a sedative, and carries the irritated brain over the troublous period, giving a sort of devil-may-care feeling to the man or woman who thus indulges; and if not too frequently had resort to no harm results.

THE COVENTRY DISPENSARY.

Dr. Milner Moore, after having alluded to the diseases of old age, proceeded to give a history, dating from December 2nd, 1892, of the controversy between the medical men of Coventry in regard to the dispensary. He said: The breach thus made has never been repaired, and the members of the profession in Coventry belong, with one or two exceptions, to two camps, the adherents of each never meeting either in consultation or otherwise to discuss matters in a friendly way. This position of professional feeling, which cannot fail to have a bad effect in our dealings with the public in showing them how ununited we are, appears to me to have arisen from the conduct of the dispensary staff, who, feeling the effect upon themselves of joining the Reform Committee, while agreeing that the rules of the dispensary as to the admission of patients are contrary to those laid down by its founders, and that many persons now members ought not to partake of its benefits, had not the courage to assist their medical brethren in controlling this abuse. Had the dispensary staff joined heart and soul with the reform party, the impression made upon the Dispensary Committee would have been immeasurable, and would have had far-reaching effects in all cities where contract medical work has been for many years inadequately remunerated.

HOSPITAL ABUSE.

Dr. Milner Moore afterwards touched upon hospital abuse. The interests of the various grades are so diverse that it is a difficult matter to arouse the energies of those whose position entitles them to every consideration and respect, and make them sufficiently anxious for the welfare of the rank and file. Hence it is that hospital abuse continues. It does not affect any member of the staff of the metropolitan or large provincial hospitals if unworthy persons receive advice gratis, but it does affect the practitioner in a small way of business if the small fees are diverted from him by the easy method of a well-to-do artisan who pays a penny a week in his workshop towards the local hospital, and then considers himself entitled to hospital treatment. All actions to stay hospital abuse should begin at the great centres of medical knowledge and skill; for what, may I ask, would be the advantage of denying gratuitous advice at the Coventry, Wolverhampton, or Leamington Hospitals when the applicant could without difficulty receive it at Birmingham, Leicester, or London? It is clearly to the interest of every physician or surgeon to a hospital to see and benefit as many applicants as he can give his time to, for this procedure increases his reputation, and in time brings him wealth; but it must not be forgotten that the greater the number thus gratuitously treated the greater is the loss to the poorer members of the profession.

PROFESSIONAL ETIQUETTE.

The concluding portion of the address was devoted to professional etiquette. On the subject of consultations he said: Such an association as that which has been established in Birmingham, where a medical man of excellent degrees and qualifications has accepted the position of consultant for a certain salary from a lay committee, well knowing that he is acting in opposition to the best traditions of the profession, can scarcely, one would hope, be a financial success, but its aim must be to attempt a breakdown of that custom which has been handed down for many generations—of charging an adequate fee for consultations to those who can afford it, and of giving a valuable opinion for love when the applicant is poor.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of directors was held on July 11th, the Acting Treasurer, Dr. Potter, in the chair. One new member was elected, and it was reported that 3 had died, and 3 had ceased to be members in April last. The death of a widow who had received £35 a year since 1886 was announced. An application for grants for herself and 7 children was read from a widow, and grants at the rate of £100 a year were made. The husband who died from an accident in Australia had only been elected a member in 1891, and had paid 18 guineas subscriptions. A sum of £1,197 was voted for distribution among 48 widows, 14 orphans, and 6 recipients from the Copeland Fund. The expenses of the quarter were £44 12s.