The chances against five of the positive cases being found in the first six cases by mere coincidence have been calculated out for me by the Calculus of Probabilities and amount to 2,583 to 1. Hence the probability is very strong that the Penang beri-beri is arsenical, especially when we know that the people there largely work in tin manufactories and are brought closely into contact with arsenic.

REFERENCE.

1 BRITISH MEDICAL JOURNAL, October 5th, 1901.

CONTRACT PRACTICE: THE EVIL AND ITS REMEDY.*

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In every department of life reforms are called for if old abuses are to be remedied or new wants supplied. That which is good and sufficient for one generation may prove bad or inadequate for the next; and it is only fitting that we should pause occasionally amid the hurry of professional life to inquire whether a change in our methods of practice may not be desirable in view of the altered social conditions that everywhere surround us and the needs peculiar to our profession.

Nowhere is this social change more apparent than among the wage-earning class. The artisan now enjoys a degree of prosperity hitherto unknown. Combination has greatly increased his earnings; the purchasing power of money has grown enormously; education, a cheap press, and trade unionism have converted a large proportion of the class into shrewd and observant men of business. With a higher standard of comfort the requirements of the wage earner have increased and with them the demands on his medical attendant. The working-class patient is to-day more capable than formerly of appreciating careful treatment and of paying for it.

Yet such is the condition of our profession, such a lack of solidarity do we exhibit, so careless are we of each other's welfare, so engrossing are the calls upon our time, that we most of us seem content to let things drift, while the contract system of practice, by its gigantic growth, goes on dwarfing year by year the field of fair and legitimate competition. As a result our incomes suffer directly, and are indirectly affected by the fact that, as compared with contract rates, a lowered scale of fees must be regarded as remunerative. Thus there has arisen an ever-increasing tendency to the reduction of our earnings to a mere living wage. By supplying "medical benefits" the Friendly Societies have absorbed hundreds of thousands of well-to-do artisans, and in many cases their families; and the leakage is continued, in part owing to the attraction offered by the underpaid work of their medical officers. Other commercial concerns have followed suit. Medical men themselves, with incredible folly, have formed their private clubs, from which they cannot always without offence exclude the more prosperous mechanic or tradesman, till at present there is hardly a pothouse in the kingdom that does not shelter its working men's society, while the members thereof, drunk or sober, discuss among other things their doctor.

For such a state of things a drastic remedy is required. Palliative treatment will not avail. The entire question of contract practice must be reconsidered. Has it an adequate *raison d'être* at all? Is it not fraught with evil to our profession as a whole, to the public who take advantage of it, and to those medical men who engage in it?

Surely, as it affects our profession it is an unmitigated evil. It is degrading to our profession. Ask any merchant or respectable shopkeeper how this private penny-a-week traffic appears to him; or, if medical officer to a Friendly Society, inquire if he would be willing to accept a salary made up of pennies gathered from men of the same status as his own employés, and in return for it to submit his conduct to their judgment. Here, for example, is Section 2 of Rule XXIV, "Marquis of Worcester" Branch of the Ancient Order of Foresters:

* Read before the Bath and Bristol Branch of the British Medical Association.

Should a sick member be neglected by the medical officers, he shall give notice of the same in writing to the Secretary, who shall at once apply to the medical officers, and if such charge of neglect appears to be well-founded, the Secretary shall give notice thereof in writing to the medical officers and bring the case before the Court, and all expenses incurred by such neglect (if proved) shall be chargeable to the medical officers and deducted from any salary which may be due to them at the time by the Court.

The doctrine of the right of trial by one's peers seems here to have been overlooked; but clearly some such rule was inevitable from the very nature of the compact. For the rest, a hostile few might, under this rule, cause a devoted medical officer an immense amount of worry, though actual neglect might be followed by no adequate punishment.

"But is not this a form of medical charity?" asks our hypothetical merchant. "Well, many of them are poor enough," is the somewhat lame reply; for, knowing, as you do, that the idea of charity has only recently been repudiated by the Friendly Societies, and with the knowledge you possess that never in the whole course of your experience did a club member regard himself as the recipient of your clandestine beneficence, you cannot honestly answer in the affirmative; whereupon most likely the shrewd merchant smiles; and you recollect uneasily that you had a project for raising the club subscription to 2d.!

That the contract system is of very doubtful benefit to that portion of the public whom it concerns, appears clear from a passage in a recent address: "We all know what club practice of the present day means. A list of stock mixtures is kept containing drugs which possess the common virtue of being cheap—magnesium sulphate, ammonium carbonate, potassium bromide, and sacch. ust. are useful in this particular. Sodium salicylate, bismuth, cinchona, and potassium iodide are seldom used." To these observations it is unnecessary to add anything.

But how does contract practice react on the individuals engaged in it? Many years ago, on entering the surgery of a highly-esteemed colleague, I noticed that something had disturbed him. "Look at that," said he, pointing to a small heap of human hair lying upon his desk; "a clubber!" As I failed to grasp the situation, he explained that after an interview with a club patient who had accused him of neglect, he had proceeded to pull out the little heap of hair from his own head! The man, it is true, was of a somewhat bilious-nervous temperament; yet it might be of interest to investigate the relative degrees of baldness of those who do and those who do not indulge in contract work. This, no doubt, is an extreme and humorous instance of the worry inseparable from contracting away one's freedom of action; but a very little reflection will reveal numerous other grounds of objection to the system, and show how unfavourably it affects not only the individual medical man, but the public and our profession as a whole.

Contract practice has a great vogue, however. The oldest living members of our profession must have found the system in full swing on commencing practice, and it is not surprising that the younger generation should have acquiesced in it. For its existence no one can be said to be blameworthy, for its continuance everyone. There is a vast amount of discontent with their medical treatment among the recipients of so-called "medical benefits." These "benefits," however, form one limb of the three-legged stool on which the Friendly Societies repose, the other two being sick pay and burial money, and the societies cannot therefore well dispense with the services of a medical officer. On the other side, there is an apparently increasing number of medical men holding club appointments who would rejoice to be delivered from bondage if only their resignation could have the effect of disintegrating their clubs. On both sides there is plenty of discontent, and discontent is an indispensable preliminary to reform.

The remedy, however drastic it may appear to some at first sight, springs logically out of the nature of the institution it is sought to reform. And so accustomed are we in our daily work to base our practice on sound principles where these are attainable, and to abandon palliative measures where radical treatment is called for, that we enjoy by training an advantage over the general public in facing the possibility of an absolutely new departure. It is clear that all these institutions, Friendly Societies and the like, are nothing more or less than assurance companies worked on co-operative lines. They are

as much commercial concerns as any of the co-operative stores which minister to the wants of our civil servants, army and navy, etc. They differ, however, from other assurance companies in not accepting all the risks which they are designed to meet. Two of them—sick pay and burial money—they accept; the third—of medical attendance—is thrown upon their doctor. Clearly the true remedy for this state of things is the simple and logical one of declining to accept this risk, and demanding payment by fees for each item of work done. Contract practice would thus cease, and the necessity for appointing medical officers would cease with it, as each member of a society would in future be perfectly free to choose his own medical attendant.

As it is here the scheme appears to clash with vested interests, it is necessary to be more explicit. First of all, let me premise what cannot be matter of dispute—that fair and open competition is the best means of securing good work, and perhaps the only stimulus that will keep a man's energies fully alive, his knowledge adequate, and his methods modern. The limited monopoly enjoyed by the holder of a club appointment ought to be followed, one would say, by results even more disastrous than those which attended the old commercial monopolies long since swept away. In those days, if the product of the monopoly was inferior, the public could in the last resort refrain from purchasing it; but in the present instance the public cannot fully judge whether the article offered them is good or bad, or dispense with so vital a necessity as medical attendance. Again, how is the practitioner holding a scattered club to faithfully deal with two or three urgent cases or discharge his duty during epidemics or other periods of unusual pressure? He cannot do so. Again, success is sweet when it is well earned; but what satisfaction can possibly be derived from that pitiful kind of success which consists in enticing into a club the private patients of a professional brother? Turning away, however, from these ethical considerations, let me point out, by way of consolation, that the medical officers now holding such appointments would most probably benefit, first and chiefly, by the proposed reform. It is clear that if the medical officer be a *persona grata* to the members of his club, old liking and the law of habit will conspire to make the flock follow the old shepherd, with financial results of the most desirable kind. Moreover, with an increased income and perhaps less work, he recovers his lost freedom; he is his own man again, subject to no jurisdiction but the laws of his country and the rules of his profession. Above all, the fatal custom of regarding the club doctor as a suspect must cease with the new liberty enjoyed by each member of going elsewhere if dissatisfied. Gradually, no doubt, with the lapse of years, patients would tend to seek the medical man living nearest their own homes; but this is only what ought to be, as he is at present always their resort in emergencies. All this applies still more to the holder of a private club, the membership of which depends largely on attachment to and confidence in the club doctor.

Assuming, then, without further discussion, that this reform is devoutly to be wished, how may it be initiated?

In the first place, the Committee of the British Medical Association appointed to confer with representatives of the Friendly Societies, should be given a fresh mandate. They should be asked to point out to the societies that the rejection of the wage limit and repudiation of the idea of charity has made it impossible that the Association should approve of any of its members accepting in future the appointment of medical officer; to suggest that as each such appointment becomes vacant it should be allowed to lapse, and the medical aid department be reorganised on the basis of separate payments for each item of work done, members then being free to select their own medical attendant. With the initiation of the new order of things the projected "Conciliation Board" would be useless. The "wage limit" question, it is true, would still present itself, though with a new and improved complexion. In attending the member of a Friendly Society the fees charged would be those paid by any other patient of the same class; and should these fees be in excess of the rates allowed by the society, it would be the business of the society's officials to collect the excess from the member, and pay it over to the medical attendant when settling his account.

This plan is not without precedent, it is that at present pursued, at least in some instances, by the National Deposit Friendly Society.

Secondly, any medical man having a large private club will know of some members who would be capable of managing it wisely. These he might meet; plainly inform them that difficulties have arisen which prevent his conducting the club on the old lines; that he can only accept fees in future; but that if they like to attempt to save the club, he will willingly place the list of members in their hands, leaving it altogether to their wisdom and prudence to form a fund for the payment of fees to such medical men as the individual members may severally choose to call in. During the transition period he might fairly undertake to be as lenient as possible in the matter of fees, and offer to advise on any point if consulted.

Thirdly, any body of medical men, being agreed as to the evils of contract practice, might invite representatives from their various clubs to meet and discuss the new departure, and might suggest the formation of a committee (which they would be prepared to advise if requested) for arranging a common fund and a suitable scale of payments.

Fourthly, the General Medical Council might be requested to intervene in cases where, in any locality, contrary to the expressed opinion of a two-thirds majority of the profession of the locality in favour of the abandonment of contract work, a club appointment had been accepted on the old lines. The intervention of the Council might be sought on the grounds that abuses, such as canvassing and neglect of wage limit, are almost inevitable on the old system; and mainly on the ground that club work, if it be not a form of medical charity, must certainly be a system of petty trading.

Lastly, the movement would be greatly furthered by free and full discussion on the part of various local medical societies, the Branches of the British Medical Association, and the medical press. Ultimately an authoritative statement in the public press would be desirable, both in the interests of the public and the profession itself.

As regards the cost of medical attendance on the new system, this question does not directly concern the profession except in so far as it may be necessary to show that the scheme is well within the reach of those who at present pay contract rates. The cost would probably not exceed twice the present average, or 8s. a head per annum. In many districts it might very well be less. This calculation assumes, however, that the abandonment of the contract system would at once be followed by a falling off in the number of slight cases now coming up for medical treatment.

There may be those who doubt the ability of the wage-earner to meet the increased demand on his pocket. Personally I have no doubt whatever on this point. It would not be a burden, and would be gladly acquiesced in if he could only realize by anticipation the vast improvement in his treatment that would inevitably follow the adoption of this reform.

It will need great, unceasing, and unselfish effort to bring the reform to pass. That which is right must, however, ultimately prevail. The forces of right harmonize and coalesce and mutually strengthen each other. Those of wrong are at variance each with each, and in the end mutually destructive.

REFERENCE.

1 BRITISH MEDICAL JOURNAL, November 2nd, 1901, p. 1326.

THE BUDA-PESTH PASTEUR INSTITUTE—During the year 1900 2,490 patients were admitted to the Pasteur Institute at Buda-Pesth for protective inoculation against hydrophobia. Of the patients 2,093 came from Hungary, 397 from neighbouring countries, Croatia, Roumania, Bosnia, and Galicia; 91.5 per cent. of those treated were bitten by rabid dogs, about 6 per cent. by rabid cats, the rest by other animals. The average duration of treatment was 18 days. Of the total number treated 0.28 per cent. contracted hydrophobia. The Servian Government has sent a commission to Buda-Pesth to study the methods and the installation of the Institute. In view of the importance of these inoculations the Hungarian Minister of Public Worship and Education has ordered the erection of a new institute, which will also be equipped for experimental pathology and therapeutics.