

doctor shall be paid his due, instead of being obliged to attend gratis those who can afford to pay him, and many of whom are perfectly willing to do so. 2. That the efficiency of the voluntary hospitals shall be increased, and their teaching powers strengthened, by relieving them of the incubus of numbers which now oppresses them; and 3, that the work shall be better done.

The first question is whether the rates of payment are sufficient to make it worth the while of medical practitioners to join the dispensaries. Now, it must be recollected, in considering this matter, that the system is intended to replace one of indiscriminate gratuitous relief; and that it is proposed to those who are already treated at the general hospitals and free dispensaries. The rate must, therefore, be a minimum one. Besides, as the men of the families now for the most part are members of sick clubs, the scheme cannot come into general acceptance with the working classes, except with the co-operation of such clubs, which, of course, can only be secured by a rate, for them, not higher than what they now pay. The co-operation of the great friendly societies has, it is hoped, been secured on these terms, and the rates have been fixed with reference to those now paid in such societies. As these members are all adult males, it has been considered equitable to admit them at the rates they now pay, while for other persons a slightly increased rate is charged (6d. a month, instead of 4d., and an entrance fee of 1s.). That such rates will provide a fair remuneration for the medical attendants is proved by the experience of similar rates of payment in similar institutions in the manufacturing districts, provided only that a sufficient number of constant contributors is secured. It is calculated that 1,200 members to each dispensary would give a respectable income to the medical officers; but with the active co-operation of the friendly societies a much larger number of members can be secured in any part of the metropolis, provided that the dispensaries can be relieved of the competition of the great gratuitous institutions. We cannot but believe as well as hope that this will be given to them; for it is obvious that the working of these provident dispensaries, if successful, would relieve the hospitals of exactly the class of cases which are not only useless to them, but which, more than anything else, impede the efficiency of that great school of diagnosis—the out-patient room. Strange indeed is it, as showing the power of any habit, even when really of only recent date, to see how some hospital physicians and surgeons still cling to the idea that it is necessary, in order to keep up the supply of cases for the school, that a mass of people should be encouraged to crowd into out-patient and casualty rooms, where it is impossible that they should receive any proper attention, or the students any proper tuition from them. To what a ridiculous excess this system now prevails in our great hospitals, those know who have read Dr. R. Bridges's account of the casualty department in the 14th volume of the St. Bartholomew's Hospital reports.

No excuse for maintaining such an outrage on common sense and charity ought for a moment to be admitted by anyone who thinks it unjustifiable "to do evil that good may come". But the truth is, that the excuse is as fallacious as the practice is indefensible. This system is the growth of yesterday, and in former times, when London was very much smaller, the hospitals had no difficulty in procuring a proper supply of material for teaching, without any such overgrown out-patient departments; nor is any such difficulty experienced in Scotland, France, and other countries, where the system is unknown. Nay, a proper understanding with the dispensaries of the district would always ensure an adequate supply of the cases wanted for tuition. It is a great mistake, though one constantly made, to imagine that the hospitals want only rare, or difficult, or dangerous cases. They want for out-patient purposes more especially, such cases as present salient points for diagnosis and treatment; cases, in fact, for consultation; and what would more enlighten the student, or form a more apt introduction to practice, than a weekly consultation between the officers of the out-patient department and the dispensary, over cases furnished by the latter? Would not a quarter of an hour so passed do more to instruct a student on the principles of diagnosis and treatment in the affection before him, than watching his master labouring for any number of hours in writing hieroglyphics on bits of paper hastily thrust under his nose, and scrambling at hot haste through dozens of cases which he has neither time, nor strength, nor inclination seriously to attend to?

Two points more are all that I can at present notice. One of the objections which have been made to this scheme is, that it admits all comers; that a duke can, if he please, join the provident dispensary; and that, though probably no such exalted member will really enroll himself, yet that a great number of small tradesmen and others will; who are quite able, and who in fact are quite used, to pay their medical attendants at the ordinary rate. Now, it is quite possible that some such abuse may prevail, but it can only be to a very limited extent, and cannot balance, or even seriously

diminish, the great gain which would result to medical men from deriving a regular settled income, free from all bad debts or trouble of collecting, from that very large class which now pays nothing at all. The alternative of an inquisitorial investigation of everyone's private circumstances before he could be allowed to join the dispensary, is too odious to be accepted by the working classes, while it would probably be very inefficient. However, to guard against any gross abuse, a power is given to the committee of each dispensary (on which the medical staff is, of course, present) to refuse any member. On this head, I may refer to a letter from Sir C. Trevelyan, in the JOURNAL for July 31st, 1880.

The other point is, as to the relations of the provident dispensaries to the gratuitous charities. It is here alone that I feel any misgiving as to the success of the movement. It is useless to conceal from ourselves that the poor of London are not so exceptionally constituted as to wish to pay for what they can get for nothing; and, although the fatigue of waiting, the loss of time, and the scanty attention they receive when at last they appear before the out-patient officer, may make a few prefer the paying dispensary to the gratuitous hospital; yet provident dispensaries can never be so successful in London as they are in the country, unless the hospitals will assist them by limiting their so-called charity. We shall soon see whether they are sincere in the desire to do this, which they have often professed. The paper we have referred to, by Dr. Bridges, remains on the official records of St. Bartholomew's Hospital, as a standing protest against the present system, and one which for very shame they must attend to. The new association will, I hope, ask the co-operation of the authorities of that hospital in founding two or three dispensaries in their neighbourhood, where the poor, who are mocked with the caricature of medical treatment described by Dr. Bridges, can obtain deliberate advice and appropriate remedies. The co-operation required would involve limitation of numbers in the out-patient room, refusal of trivial cases, and transference of such as, after a proper inspection, do not seem appropriate for out-patient treatment to the dispensary. If this reasonable offer were refused, the public would know where the blame lies.

Meanwhile, I cannot doubt that the scheme promises equal benefits to the sick poor and to the medical profession, and I think its promoters deserve the support and assistance of the profession in their difficult and hitherto thankless labour.—I am, sir, yours faithfully,

T. HOLMES.

SANITARY INSPECTION OF HOTELS.

SIR,—In your last issue, I see a suggestion, by "A Provincial Associate", for a discussion in the Public Medicine Section, at the approaching annual meeting, on the "Sanitary Inspection of Hotels".

I fear it is too late now to arrange for such a discussion at the forthcoming meeting. It is open, however, to "A Provincial Associate" to read a paper on the subject, when, doubtless, a most useful and practical discussion would follow.—I am, etc.,

ONE OF THE SECRETARIES FOR THE SECTION
OF PUBLIC MEDICINE.

AMBULANCE CONVEYANCES IN LONDON.

SIR,—I am glad to note your article upon Dr. B. Howard's letter, asserting the great need for ambulance conveyances for the sick and wounded in London.

Two months ago, I was summoned to town to find a medical student (my son) in great danger, with diphtheritic throat; and, feeling his life could only be saved by an immediate removal from his lodgings to hospital care, I cast about for a proper conveyance. Various messengers were sent to different owners of the same; at last, one was found willing to undertake the removal, a distance under a mile. He would not show his vehicle, or promise it, before a deposit of ten shillings was made. On its arrival, I was in dismay; the landlady and the whole square deeply shocked at the sight of the conveyance. I can only describe it as a cross between a hearse and dirty linen cart, painted black, and with funeral side glass; a black horse, with dismal harness, and a driver of the most woeful aspect, also in deep black. It was surely enough to put the finish to any sensitive patient, dangerously ill, as my son then was. Surely, in these days, the metropolis will not long delay this much needed proper ambulance provision.—I am, faithfully yours,

SAMUEL STRETTON, M.R.C.S.Eng.

Kidderminster, July, 1881.

UNAUTHORISED TITLES.—Dr. Bisenz, a medical practitioner in Vienna, has been fined fifty gulden for using, without authority, the title of Professor.