taken and of the direction which it should take in order to lead to a satisfactory solution of a serious question.

A PUBLIC meeting will be held on Friday, May 12th, at 3 P.M. at the Mansion House under the presidency of the Lord Mayor to consider the transference of the Belgrave Hospital for Children to a new site at Kennington, where it will form a hospital for children in South London. The Lord Mayor will be supported by, amongst others, the Duke of Westminster, the President of the Belgrave Hospital, the Bishop of Rochester, and Dr. Farquharson, M.P.

THE annual dinner of the Royal Army Medical Corps will be held in the Whitehall Rooms, Hôtel Métropole, London, at 7.45 P.M. on Monday, June 12th, 1899, the Director-General in the chair. Lieutenant-Colonel J. Hector (135, Brigstock-road, Thornton Heath, Surrey) is again acting as honorary secretary to the dinner committee and will be glad to hear from those who intend to be present.

THE opening lecture of the summer session at the Hospital for Consumption and Diseases of the Chest, Brompton, will be delivered on Wednesday, May 10th, at 4 P.M., by Dr. Frederick Roberts, who has taken for his subject the Clinical Investigation of Cases of Chest Disease. The lecture is open to all students of the hospital and to all qualified members of the medical profession.

THE annual meeting and May dinner of the Aberdeen University Club, London, will be held at the Trocadéro Restaurant on Wednesday, May 17th, at 7 P.M. Sir James Sivewright, K.C.M.G., will take the chair, and intending diners should communicate with the honorary secretaries, Mr. J. Gerard Laing and Dr. James Galloway, at 54, Harley-street, W.

A CONVERSAZIONE will be given by the President and Council of the Medical Society of London in the rooms of the society, 11, Chandos-street, Cavendish-square, W., on Monday, May 15th. The President will receive at 8.30 P.M. and an oration will be delivered by Mr. Alban Doran at 8.45 P.M. on Shakespeare and the Medical Society.

WE stated last week that the Baillie Lectures will be delivered by Dr. Dickinson on the afternoons of May 11th, 18th, and 25th at St. George's Hospital Medical School. The time of the lectures as at first announced was 5 o'clock P.M., but we understand that the correct time is 3 o'clock P.M.

THE Bavarian Government has followed the lead of Prussia, having recently issued an order that the Universities are henceforth to confer the degree of Doctor of Medicine only on persons who have previously passed the State examination qualifying them as practitioners.

AT the next meeting of the Medical Society of University College, London, which will take place on May 10th, Dr. G. Vivian Poore will deliver an address on Medical London of the Eighteenth Century. The chair will be taken at 8.30 P.M. by Mr. Heath.

A TELEGRAM received at the Colonial Office on Tuesday last from Hong-Kong reports that there were 28 new cases of plague and 31 deaths during the week ending April 29th.

A CHEQUE for £1000, as a donation to the Prince of Wales's Hospital Fund, has been received from Mr. J. B. Robinson.

MEDICAL MEN AS PUBLIC MEN.¹

BY STANLEY HAYNES, M.D. EDIN.

THIS is a serious time for medical practitioners. We are confronted with difficulties and dangers in many directions; we witness powerful and often insidious combinations against our prosperity; we are sometimes, and unjustly, accused of neglect and even of crime. We do not occupy the position in public estimation to which we could attain if we were only more united and we do not make our needs or our aspirations sufficiently known. The object of this paper is to outline some of the disabilities under which we labour and to indicate some of the methods we can adopt to sever the bonds which we have placed upon ourselves by our own generosity towards and forbearance with the public. We are robbed in many directions. We find ourselves grossly interfered with by many: druggists prescribe, clergy prescribe, district visitors prescribe, busybodies prescribe, midwives prescribe, district nurses prescribe, but our weak law does not proscribe. As a rule the splendid, continuous, toilsome, anxious, unselfish, often disagreeable and repellent work of the medical profession fails to be recognised, being taken for granted and as a matter of course; but when a self-dubbed "doctor" or "medical student" gets into any trouble the daily press bestows brevet rank and our profession is shamelessly reviled. We are expected to be courteous to all though rudely treated, to be generous though ill paid, to be honourable in all our dealings while not honoured, to be patient when impudently imposed on or defrauded.

As some check upon these abuses I wish to advocate that those medical practitioners who can should take more active parts in public life in various ways. If we esteem ourselves the world will respect us more; if we assert our rights in a dignified manner they will be recognised; if we come forward as public men and women to prove that we are thus promoting the welfare of the community we shall be acknowledged as public benefactors. It is partly because so many of us bury ourselves in our profession that we are very apt to be lost sight of and little thought of. When the public observe medical men struggling in a crowd against each other, each striving to be uppermost and self-assertive in the fight for existence, and too often acting as if money-getting constituted the alpha and omega of life, we cannot be surprised if we are sneered at. While noses are kept against grindstones upward vision is impossible. We want to look beyond the mere interests of our individual professional toil and lives and to investigate the needs and requirements of our profession as a whole, especially in relation to our duties not only to the other members of our profession but to the mass of our neighbours. When we take a broad and comprehensive view of our obligations as citizens and manifest our interest over a large field of usefulness, instead of working down into a narrow groove of sordid selfishness, we shall the more prove our light before men and—meeting with more respect—find ourselves on a higher platform in the estimation of our countrymen. If we act as tradesmen we must expect to be treated as tradesmen; if we act as professional men should—with a high sense of ethics, always "on the square" and with exalted ideas and actions of honour—we shall be treated as professional men, sacrificing our lives in the prevention of diseases, in the treatment of maladies, in the alleviation of pain, the promotion of euthanasia, and in general by rendering ourselves more extensively serviceable to our fellow-creatures and being actuated by a sincere desire for knowledge. When we prove ourselves worthy of confidence we meet with it; when we behave generously we are entitled to liberal consideration and, usually, receive it. We should strictly observe all moral laws and respect the secrets entrusted to our keeping as our own, so long as they are consistent with the laws of the realm and the government under which we may live.

There are many and various ways by which many medical men can benefit their neighbours and therefore themselves. Instead of limiting their energies to the daily round, the common task, they can emerge into public life. They can

¹ A paper read before the Worcestershire Medical Society on Jan. 24th, 1899.

begin by taking active part in district and parochial councils, promote the success of various institutions, societies, and clubs (such as cricket, golf, quoits, curling and skating, boating and swimming) which do not militate against their interests, discussing affairs (excluding religion and politics while in practice) with neighbours, founding and fostering local museums, and lecturing sometimes on various matters in which they are interested or in which they perceive that the public needs enlightenment or for the formation of public opinion. They can display their sympathy with and help ratepayers' associations, horticultural and agricultural shows, asylums, and almshouses. They can do much to advocate and inculcate temperance, and in this as in many other ways we should constantly bear in mind that we have a heavy responsibility and onerous duties. Some can qualify as magistrates and do much to enhance the dignity of our profession. A few can accept the chairmanships of public bodies, such as district and urban councils, while others can seek election as members of county councils. Commissions in the militia and auxiliary forces help us in public estimation. But beyond these and many other offices which might be mentioned we should consider what can be done by medical men as Members of Parliament, as members of the General Medical Council, as assessors to judges, and as coroners.

I wish to press upon the serious attention of such members of our profession as may become acquainted with this paper our great want of active Members of Parliament in both Houses selected from prominent practitioners. We sadly need a considerably increased representation in the Lower House and a recognition by life peerages of the positions worthily occupied by several of our surgical and medical leaders. There are excellent men qualified to become our representatives, and we should appeal to them to come forward to maintain our cause and to fight our battles and we should promise our warmest support to them and act up to it with much perseverance and no apathy, which last is a blight and a curse to our profession as public men. We need Members of Parliament sufficient in number to prevent the repetition of such invertebrate legislation as was enacted last year by the passing of the so-called "Vaccination Act," which was a disgrace to the Government and a source of indignation to our profession. The Act is a blot on our civilisation, a retrograde slide in sanitation, a prospective calamity to our nation, a base surrender to the prejudices of noisy fanatics, and utterly unworthy of the supposed strongest Government which we have had for many years. The mad rush of applicants for certificates of exemption under Section II. of that Act was a sad and instructive result of the harm already done by the ignominious yielding of the Government to the prejudices and ignorance of the loud-mouthed faction of anti-vaccinationists.

The Vaccination Bill was in part correctly declared to be "a tremendous experiment." "Tremendously costly experiment" would have been absolutely true. Besides the monetary losses accompanying and succeeding epidemics of variola, to be borne by individuals and by public authorities, there will be a large increase of pauperism in our anti-vaccination centres as a result of the lessened power of weakened workpeople and the paralysis of trade and displacement of work, as was exemplified at Gloucester, the towns around which suffered heavily in consequence of panic from proximity to a dangerous disease centre. We must prepare plans for and erect small-pox hospitals throughout the country and largely increase our asylums for the blind. The million of money presented so unnecessarily and unexpectedly last year to the tobacco trade would have constituted a nest egg towards the expenses resultant on the passage of the Vaccination Act. As a matter of income to our profession we can expect to gain largely by the enactment of that piece of folly. Public vaccinators are properly requiring special arrangements and increased fees throughout the country; we shall be called upon to vaccinate and re-vaccinate whenever there is a recurrence of small-pox panic; we shall have to attend many patients who could have been prevented by wise legislation from contracting a loathsome and disfiguring malady. After so many thousands have obtained exemption it will be difficult indeed to undo and to rectify the frightful error perpetrated, and in the meantime we must be prepared to largely increase our knowledge and treatment of a disease which had become rare throughout northern Europe. Who can tell how far the mischief may spread or how disastrous

the consequences may become? When the question of amended legislation on vaccination comes before the House of Commons our Members there should be urged by us to ensure that the errors made last year should be rectified as far as may be (a difficult task to undo some of the mischief) and to insist on the importance of re-vaccination and on provision for it in all assemblages of adolescents especially—as in schools and colleges, factories and mines, railway and steamboat services, the mercantile marine, and other avocations in which numbers are congregated. That bugbear of the British, the liberty of the subject, has over-ridden much of our legislation and has been so exaggerated that it has degenerated into the licence of the lawless. We have been astonished to hear from a great statesman that the British will not tolerate coercion, although we encounter it in many directions, as medical practitioners ruefully know to their cost.

I have dwelt perhaps at too great length on the Vaccination Act because it is fresh in the memories of all of us and because it points clearly to our need of wiser legislation. Variola and its prevention is but one of the many diseases which urgently call for the attention of legislative members of our profession; syphilis, cholera, leprosy, plague, beriberi, enteric fever, and zymotic diseases generally are some of the other maladies needing supervision and prevention. Much has been done against the spread of some of these diseases, but the prevention of venereal diseases calls for most serious consideration by the Government, as now every immoral, incontinent man and woman possesses full liberty and licence to spread such complaints unchecked. We possess the power if we will but exercise it of aiding our Government in the prophylaxis of disease. For this to be continuous and effective we need men who will strenuously uphold the paramount importance of maintenance of the public health and who will do all in their power to advance sanitation in its various aspects—men who would ignore party politics and act honestly as statesmen. We terribly need strong and capable representatives in both Houses to stem the tide of ignorance and fanaticism, of false inductions and mendacious assertions, on questions pertaining to the health and consequently the welfare of our working classes, and I therefore appeal to medical men who are enabled to contest elections to come forward to act on behalf of our profession as philanthropists. Besides the foregoing topics such nominees from our ranks would be able to advance other important considerations. For the better administration of justice we require medical men as assessors to our judges; we require a large increase of medical coroners; we require to work for the appointment of medical officers of health for combined areas, with withdrawal from general practice, fixity of tenure, and sufficient salaries; we require to improve the position and pay of parochial medical officers, of factory surgeons, and of post-office surgeons; we require legislation against illegal practice, prescribing druggists, medical aid associations, abortionist advertisements, indecent exhibitions and literature, and grocers' licences. There is urgent necessity for the enforcement of sterilisation of milk and the medical examination of cattle, cleanliness of dairies, piggeries, and other farm buildings concerned with the production and sale of food, the use of public slaughter-houses and skilled inspection of meat, the sanitary construction of dwellings and their drainage, the treatment of sewage and waste products from works, and the prevention of fog by lessened pollution from soot. A modern necessity is the diminution of phthisis by the erection of hospitals for the open-air treatment.

These are but a few of the matters which could be authoritatively insisted on, in the House of Commons and outside it, by medical Members of Parliament. From time to time we can hope that such men as Lord Playfair will come forward to restore and to maintain the fame of Great Britain as a civilised and enlightened power, with a single eye to the future benefit of our empire. As public men we should endeavour to form some public opinion on the advisability of strengthening the House of Lords and consequently stiffening the Government by the addition of medical life peers. There are several eminent leaders in surgery, medicine, and psychology, and scientists, who would worthily increase both the reputation—high as that is compared with the Lower House—of that august assemblage as a collection of statesmen (as differentiated from politicians) and the scientific attainments and honour of our profession.

With our expanded empire and the necessary maintenance of a powerful navy and a successful army our supply of

recruits for both becomes an increasingly important question which must not be shelved. In consequence of the practical abolition of compulsory vaccination that supply will be very seriously diminished from many of our centres of population, because the survivors of our unvaccinated boys will be of lessened physique, while many will be blind and deaf, as well as disfigured by pitting. In relation to this topic the arrest of syphilis, before and after entrance into our public services, must not be ignored.

The General Medical Council needs some amendment; there are too many in it who represent vested interests too largely. We claim more direct representatives, chosen by the army of general practitioners who know what they want and where their shoes pinch. We need some further modification of entrance into our profession; the three-portal scheme appears to have been strangely overlooked of late. With the overcrowded condition of our profession some check is advisable on admission into our ranks; instead of increasing we should decrease the facilities. Our congested state has caused the pushing, advertising, pachydermatous, replacing and underselling, sometimes unscrupulous practitioner to come into existence, and has so lowered our moral tone and our status that there is too much truth in the appellation bestowed on us by the public of "medical men" instead of "medical gentlemen" as we were formerly called.

We must watch the working of the Habitual Inebriates Act with the view of deciding whether it would be expedient, as so many already believe, to extend its operation to the non-criminal drunkard. The painful necessity for an inebriate of presentation before two magistrates before reception into a home for inebriates has been mercifully modified to one magistrate, but I trust that this is only a step in the direction of the abolition of this distressing regulation, which prevents many from placing themselves under the Inebriates Act. The prevention of abuse and the liberty of the subject could be easily safeguarded by a magisterial interview after reception within a prescribed number of hours and by notice of admission to the inspector.

The Midwives Bill, to be brought before the House of Commons, is one calling for careful attention and close watching by our Parliamentary representatives and by the medical and lay press, to prevent the repetition of such a surreptitious dodge as was effected when the Contagious Diseases Act was repealed and to ensure that such a Bill may be passed as may safeguard the lives of parturient women and their offspring, and to prevent a swarm of partly and insufficiently educated nurses from supplanting practitioners registered under the Medical Acts; the tactics of some of the certificate-granting bodies must be closely and suspiciously regarded and where necessary checkmated.

We are recognised by the State as qualified and responsible members of the healing profession; we do much for the State, but the State does nothing for us. Before our courts of law we are often abominably treated, receiving scant courtesy, little consideration, miserable remuneration and deficient accommodation. Some judges openly sneer at medical certificates; they permit many barristers to take cowardly, cruel advantage of their position in persecuting medical witnesses and to behave in such ways as would not be tolerated amongst gentlemen outside of the courts; we obtain no protection from insults and exasperating misstatements, insinuations, and offensive gestures, so that many blameless practitioners dread the ordeal of the witness-box, in which they may be asked the most groundless, shameless, and abominable questions with impunity. In the county courts we get no redress; they constitute an organisation for the protection of dishonest debtors; we are mulcted in fees and our time is wasted. If we succeed in obtaining an order for the payment of an account we can expect it to be for "half-a-crown a month," even when the debtor is well able to pay, but the court does nothing to enforce the payment or to cause its decree to be respected; consequently it is derided. If we proceed further, and have the trouble and odium of obtaining a judgment summons, we are plunged into disfavour with the lower classes and their supporters, clerical and lay. By some sections of our population we are taxed with overcharging because some just qualified, or imperfectly informed, or almost starving member of our profession is willing to act for a smaller fee. In the reign of Queen Elizabeth the standard fee was a guinea and was, with the then value of money, a proper recompense for a practitioner; but in the reign of Queen Victoria, when the guinea is worth very considerably less, the general practitioner finds himself inadequately paid if he obtain so much,

which is not often. For the majority of our people the reign of our Queen has been a continuous and seldom checked period of increasing prosperity. Employers and employed, merchants and working-classes, have succeeded in improving their positions, but the medical profession, which does so much for them, has not been prosperous; it has much advanced in medicine and surgery and in reputation, but not in finance or in status at all commensurate with its merits and toil; on the contrary, we find great numbers of medical men working very hard for wretched remuneration; they are so poor that they cannot insure their lives or leave any provision for their families, to whom luxury is unknown. The list of applicants for relief to the British Medical Benevolent Fund is appalling, in showing the destitution to which many members of our profession and their widows and children are reduced, so that discarded clothing of all kinds, as well as monetary help, is most welcome.

The procedure of coroners' courts is one of the affairs needing improvement. Who is so well qualified to ascertain the cause of death as a medical man, chosen because he has proved his judicial capacity? And yet we often find that a solicitor has been appointed. Medical coroners have exercised their functions so well and have shown so sufficient a grasp of the legal aspects involved that their services should be more extensively recognised by the selection of more of their colleagues as vacancies occur. Many inquests are farces; some coroners (my experience being that legal ones distinguish themselves in this way) suggest or dictate to the jury what verdict should be given, and even go so far as to have it recorded that the deceased died by the "visitation of God," or from "natural causes," or give some other decision equally unsatisfactory and useless to the Registrar-General. It frequently happens that medical evidence is dispensed with and that the valuable opinion of a constable on the cause of decease is deemed enough. Where coroners receive fixed salaries the tendency is for inquests to become less frequent than when the coroner's remuneration results from the number held. Human nature being what it is this result was to be expected, and this course of action has the merit of saving much trouble to jurymen, police, and officials, at a saving of cost to the rate-payers, but it is open to doubt whether the causation of death is always satisfactorily elucidated. Our Parliamentary mouthpieces might well exercise their influence in securing that medical men only should be chosen as coroners and that the verdict should be pronounced after deliberation by the juries, coroners guiding their decisions in such a manner that the causation of death can be scientifically registered. More respect should be paid to the office of coroner, as representing our sovereign, and, his court being one of law, officials and others should rise on entrance and exit, as in the presence of an ordinary judge.

Our Poor-law medical service is most miserably underpaid, but while our profession is so needlessly numerous and men are consequently not unwilling to accept very poor remuneration they cannot hope for more liberal treatment. We can, however, and ought to, agitate for a generous superannuation allowance of Poor-law medical officers.

It is time that the staffs of our hospitals claimed some pecuniary recompense for their labours. This may be difficult concerning established hospitals, but should not be overlooked when opportunities occur or a new institution is founded.

The junior members of the Indian Medical Service are beginning to call for improved pay, allowances, travelling expenses, and leave, and it is to be hoped that someone of influence and practical experience will advocate their cause and persuade the Government to amend their position, even as the Army Medical Service, after many weary years of struggling with military advisers bound by red tape, has conquered bureaucracy and at length gained the status to which its splendid record of skill, gallantry, and care has entitled it.

Volunteer medical officers could make themselves audible and obtain recognition of rank as in the Royal Army Medical Corps.

It seems unfair that we should be taxed for inhabited house duty on the higher scale when we are obliged by our practices to occupy better houses than we would otherwise need, and that we have to pay assessed taxes on men and carriages kept only because they are requisite to earn our living.

Many wants have been indicated in this sketch, but it is very certain that if we do not ask we shall not receive.

"This is an age of coöperation. We have allowed some sections of the public to combine against us and they cannot blame us if we at last turn and try to combat them with their own weapons. Let us prove our strength by our union, trusting that our right will result in our might.

MEMORIAL TO THE LATE PROFESSOR JOSEPH COATS.

SOME time ago a number of friends and admirers of the late Professor Coats of Glasgow University commenced a movement to raise a fund for a memorial to him and a proposal was adopted that it should take the form of a prize or scholarship in connexion with pathology. To carry out the proposed plan a sum of at least £1200 will be required. Already one half of that sum has been subscribed, but as many of Professor Coats's friends and former pupils who are widely scattered may not be reached by circulars those managing the fund ask us to intimate that contributions will be received and acknowledged by Dr. David Newman, honorary secretary, 18, Woodside-place, Glasgow; or by Mr. James J. MacLehose, honorary treasurer, 61, St. Vincent-street, Glasgow. The following subscriptions have been promised or received :—

	£	s.	d.
Mr. Charles J. Anderson	1	1	0
Dr. John Anderson	0	10	6
Professor McCall Anderson	5	0	0
Dr. J. Grant Andrew	2	2	0
Dr. John Baird	1	0	0
The Master of Balliol, Oxford	1	0	0
Dr. Thomas Barr	3	3	0
Dr. George T. Beatson	1	1	0
Mr. John Bell	5	5	0
Dr. Robert Bell	1	1	0
Mr. G. B. Bennett	10	10	0
Sheriff Berry	3	3	0
Professor Bower, F.R.S.	2	2	0
Mr. Howard Bowser	25	0	0
Mrs. J. W. Brown	1	0	0
Mr. John James Burnet	5	5	0
G. J. and M. C., per George Cuthbertson	10	10	0
Dr. Hector C. Cameron	26	5	0
Mr. M. Pearce Campbell	2	2	0
Dr. James Carslaw	1	1	0
Dr. Quintin Chalmers	1	1	0
Dr. Wm. Wallis Christie	1	1	0
Dr. Fred. Hugh Clarke	2	2	0
Mrs. G. B. Clark	5	5	0
Dr. Iain Clerk	1	0	0
Mr. Allan Coats	10	0	0
Mr. Andrew Coats	20	0	0
Mr. Daniel Coats	50	0	0
Mr. George Coats (Staneley)	10	10	0
Mr. George Coats (Leicester)	20	0	0
Mr. James Coats, jun.	50	0	0
Mr. P. Coats	50	0	0
Sir Thomas Glen Coats, Bart.	50	0	0
Dr. William S. Cook	1	1	0
Mr. A. C. Corbett, M.P.	5	5	0
Mrs. A. F. Craig	2	2	0
Dr. D. McKellar Dewar	2	2	0
Dr. William Gibb Dun	2	2	0
Mr. E. F. Duncanson	3	3	0
Dr. James Dunlop	1	1	0
Dr. Freeland Fergus	3	3	0
Professor John Ferguson	2	2	0
Dr. William Findlay	1	1	0
Dr. James Finlayson	26	5	0
Dr. J. F. Fleming	1	1	0
Dr. Wm. J. Fleming	3	3	0
Sir W. T. Gairdner, K.C.B.	10	10	0
Dr. W. F. Gibb	1	1	0
Professor Glaister	1	1	0
Dr. David Grant	0	10	0
Dr. Green (London)	0	10	6
Dr. Andrew J. Hall	1	1	0
Dr. James C. Herbertson	1	1	0
Dr. J. Ewing Hunter	1	1	0
Dr. Arthur J. Hutchison	2	2	0
Dr. Wm. R. Jack	1	1	0
Mr. Thomas Johnston	10	10	0
Dr. A. Brown Kelly	3	3	0
The Right Hon. Lord Kelvin, G.C.V.O.	3	3	0

THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY, LIMITED.

THE annual general meeting of this society was held at 12, New-court, Lincoln's Inn, on April 18th. The chair was taken by Dr. HERON, in the absence of Mr. JONATHAN HUTCHINSON, the President.

The annual report showed that a great proportion of members had during the year required the services of the society, proving the necessity that exists among medical men for taking coöperative measures for the protection of their professional interests or private characters. An important percentage of the cases undertaken by the society had their origin in accusations of *malpraxis* or negligent attention and in certain of these which attained to the dignity of a legal contest the society was able to show that the medical man had been wrongfully accused. The financial position of the society was shown to be sound and progressing and the reserve fund has substantially increased—i.e., from £433 to £748. The report also stated that the executive body of the society had under consideration the best steps to be taken with a view to promote adequate legislation for the regulation of medical practice and the protection of properly qualified medical men and expressed a hope that in the course of the year some definite progress might be made. Both the report and the balance-sheet were unanimously adopted.

Dr. F. L. HART, in seconding the adoption of the report, urged that the society should vigorously oppose the constant inroads made on the interests of the medical profession by lay combinations, school boards, boards of guardians, &c. He thought that matters such as these should be taken up by the larger and more powerful societies instead of being left to small local associations. He emphasised the great advantages of combined effort.

The CHAIRMAN, in reply, said that the Council were always willing and prompt to help any member who was unjustly attacked, but it was necessary to use great caution before entering into conflict with school boards or other large and wealthy bodies, especially while the society had a reserve fund of not more than £1000.

Dr. H. G. THOMPSON contended that the Council had much useful work to do in defending the interests of members who were attacked and said he thought that that was their chief duty rather than fighting with large corporations.

Dr. HUGH WOODS said that medical men were constantly giving themselves away by consenting to give certificates for the use of school boards and other bodies without receiving any payment for them. The school board quickly made use of the services of medical men, leaving them to get what fees they could from the parents of the children. In his opinion medical men should refuse to give these certificates unless properly paid for them by the board for whose purposes they were employed. School boards endeavoured to obtain from medical men statements of the precise nature of the diseases from which children were suffering, and seemed to expect that medical men would gratuitously run the risk of an action for libel by certifying the existence of such diseases as, for instance, hereditary syphilis. School boards insisted on medical men filling up printed forms rigidly drawn up and then calmly left them to get their fees how and when they might. He did not see how the London and Counties Medical Protection Society could help medical men who gave themselves away in this manner, but if a member of the society refused to do work for a school board or other body without proper remuneration and was unfairly dealt with in consequence the Council of the society would most assuredly take the case up.

Dr. MAJOR GREENWOOD pointed out that school boards compelled parents to produce certificates and if the medical man to whom the parents applied happened to be their club attendant he was practically bound to give a certificate although the school board paid him nothing for it. He considered it an evil and vicious system all round and believed that the trouble arose in a great measure from the existence of cheap contract work.

The following officers were elected for the coming year. President: Mr. Jonathan Hutchinson. Vice-Presidents: Mr. Daniel B. Balding, Dr. H. Charlton Bastian, Mr. F. M. Beckett, Mr. Stanley Boyd, Dr. T. Lauder Brunton, Mr.

	£	s.	d.
Mr. John G. Ker	1	1	0
Mr. William Ker	10	10	0
Dr. D. Hamilton Kyle	1	1	0
Dr. Peter M'Bryde	0	10	6
Mr. John M. McCallum	1	0	0
Mrs. A. T. Macdiarmid	5	5	0
Professor Macewen	5	0	0
Professor M'Kendrick	3	3	0
Dr. George M'Kerrow	2	2	0
Mr. James J. MacLehose	5	5	0
Mr. Robert MacLehose	5	5	0
Dr. Quintin M'Lennan	1	1	0
Dr. A. Lewis M'Millan	0	10	0
Dr. Donald Macphail	1	1	0
Mr. James Maitland	1	1	0
Dr. Archibald E. Malloch (Hamilton, Ontario)	20	0	0
Mr. James Mann	5	5	0
Rev. T. H. Martin	2	2	0
Dr. A. E. Maylard	5	5	0
Dr. George S. Middleton	10	10	0
Dr. T. K. Monro	1	1	0
Professor Gilbert Murray	1	1	0
Dr. Alex. Napier	2	2	0
Dr. David Newman	26	5	0
Mr. Adam Nimmo	2	2	0
Dr. Wm. Osler (Baltimore)	10	10	0
Dr. James Parker	1	1	0
Dr. R. S. Penman	0	10	6
Dr. A. Maitland Ramsay	2	2	0
Professor William Ramsay, F.R.S.	2	2	0
Mr. James Reid	2	0	0
Dr. Wm. L. Reid	10	10	0
Dr. J. C. Renton	5	5	0
Rev. F. H. Roberts	2	2	0
Dr. Alex. Robertson	1	1	0
Mr. J. W. Robertson	2	2	0
Mr. William Robertson	1	1	0
Dr. J. B. Russell	2	2	0
Dr. Henry Rutherford	5	5	0
Professor Smart	2	2	0
Dr. Robert Somerville	2	2	0
Dr. J. Lindsay Steven	10	10	0
Dr. William Stewart	0	10	6
Professor Stockman	2	2	0
The Very Rev. Principal H. Story	5	5	0
Dr. L. R. Sutherland	5	5	0
Dr. M. H. Taylor	0	10	6
Dr. John H. Teacher	2	2	0
Dr. G. P. Tennent	2	2	0
Mrs. Henry G. Thompson	5	5	0
Mr. William Tulloch	26	5	0
University Club	30	9	0
Dr. Ernest A. Walker (New Plymouth, N.Z.)	1	1	0
Dr. Robert Weir	0	5	0
Dr. Alex. White	1	1	0
Mr. W. H. Whiting	1	1	0
Rev. Alex. Wylie	1	1	0
Dr. David Yellowlees	10	10	0
Dr. Alfred A. Young	1	1	0
Dr. J. Murray Young	0	10	6