kingdom this is the case; but this result arises much more from the conscientious and humane feeling of the parish doctor than from the excellence of the arrangements made by the boards of guardians. Such is the nature of medical practice, that there never is, and never can be, any regular market price for medical services,—the peer and the cottager, if they have a broken leg, or an inflammation of the lungs, require the same attendance, the same medicines for their cure; yet they cannot, by any possibility, pay the same amount of remuneration. Thence it follows that different classes of society pay very different sums for the same services. Advantage has been taken of this want of a fixed scale to arrange the salaries of parish doctors in an arbitrary way, without the slightest reference to the actual amount of labour, or to the expenses incurred: thus, in the very sickly winter of 1847-8, there have been unions in which the whole payment to the doctor has not amounted to *threepence* per case; and in others, permanently, the amount does not exceed *sixpence* per case, the medical officer having to provide at his own expense the necessary drugs and applications. The general average of payment in country districts in the south of England is about *two shillings and sixpence* per case. In this state of matters one of two things must occur,—either the poor are neglected, they are supplied with bad medicines, and the general amount of sickness and mortality is increased, or, what, it is hoped, is far more common, the doctor does justice to his pauper patient, and uses his best endeavours to get him well, but receives no remuneration for his exertions; and even in seasons of extraordinary sickness, which various circumstances have rendered more common than formerly, he must suffer a pecuniary loss—hence a great and natural dissatisfaction. Surely it cannot be right that either of these alternatives should be inevitable,—it cannot be right that a great and rich country like England should consent to receive the gratuitous labours of a class of men, far from rich, in an unremitting and highly responsible employment,—it cannot be right that three millions of our fellow subjects, and those the most helpless, should be entrusted to the unpaid labours of any class of men, before whom so great a temptation is set to render imperfect and inefficient assistance. In every other transaction of life it is considered necessary to pay well, in order to be well served; and the medical profession may indeed be proud of the confidence that is reposed in its members, when they are expected to perform an anxious and harassing duty with the slightest expectation of pecuniary reward. It would, however, be well for the public to consider whether the general rule would not here also be applicable, and whether a more liberal payment would not insure, in the long run, a more efficient and complete attendance on the sick, and thereby a diminution of charges for sick maintenance.

“At present the real amount of responsibility of the medical officer is by no means great. It is true he may often incur great blame from a very trifling cause, or perhaps from no just cause; but he may be guilty of great neglect without its being known to his employers. This arises from the circumstance of boards of guardians, however much they may desire to insure good medical attendance to their poor, being unacquainted with medical science, and therefore being really unable to judge whether the amount and quality of the attendance rendered by their medical officer is at all equal to the occasion. In all other public departments in which medical services are required, there is a system of inspection by competent medical authorities, which is absolutely necessary to a proper supervision, and which would introduce a real responsibility if it were applied to the poor-law medical system. This is so generally acknowledged, that the only objection that has been offered to it is the expense. Undoubtedly, if a system of inspection were to be properly carried out, it must be properly paid for; but this expense would speedily prove a saving, if, with other improvements, it insured to the labourer good and speedy attendance. Such a system of professional inspection is not only necessary to do justice to the poor; it is also necessary to insure justice to the medical officer, for the extent of his services, and the exactness with which he performs his duties can only be appreciated by persons who are thoroughly acquainted with medical science and practice.

“It has been objected, that the medical profession have the remedy in their own hands; that they need not continue to hold their appointments for which they are so badly paid, but may give them up to others who will be ready to take them. It is true that in many cases, however low the so-called remuneration may be fixed, there will frequently be found men with the necessary testimonials, prepared to take

the appointments; but these men will, in their turn, reiterate the same complaints, and with the same reason, for the grievance will still remain—an *undue amount of labour, attended with much anxiety and personal risk, will be demanded for an insufficient recompence*. The natural result follows: unless an abiding sense of duty and self-respect animates the medical officer, harshness and neglect take the place of kindness and zeal. Is not this a natural—nay, a necessary result? And ought not the public to consider well whether they are blameless in allowing a system to go on, which occasionally deprives the poor helpless man of health, or wounds him in his tenderest feelings by the neglect of those who are dear to him,—which occasionally increases the expense of maintenance of the poor, by allowing disease to go on unchecked for want of remedies,—and which always produces deep and heartfelt dissatisfaction to the medical man, who feels that of all public servants he is the hardest-worked and the least remunerated. These evils are great and real—they are felt only by the doctor and the pauper; but their consequences affect society generally. The remedy is simple and practicable,—let the parish doctor be really paid,—let him, after a proper calculation of his expenses, have a modest overplus to compensate him for his skill, his time, his mental anxiety, but let him also be really responsible to persons competent to understand his functions,—let a strict supervision insure a punctual performance of his duty; in short, act as in any other business and relation of life,—let a liberal course of action be encouraged on both sides—from the poor-law authorities, a rate of payment which shall be no longer penurious and illusory—from the medical officer, a prompt and earnest attention to the combined interests of the pauper and the rate-payer.”

THE SURGEONS OF ESSEX.

To the Editor of THE LANCET.

SIR,—Permit me to acknowledge and correct the errors into which I have fallen in my letter of June 26th. The county meeting, held at Chelmsford, consisted of *three*, not *four* or *five*, gentlemen, as I stated, and instead of “nothing being done,” as I remarked, it appears from Mr. Copland, that “resolutions were passed, and a memorial agreed to for presentation to Sir George Grey;” but—*it has never been presented*. The readers of THE LANCET will determine now upon the “incorrectness” of my statement. Surely if my reply to Mr. Copland were a work of “supererogation,” his original remarks must be included in the same category. This Chelmsford county meeting calls vividly to remembrance the story of the “Three Tailors of Tooley-street.”—I am, Sir, your obliged and obedient servant,

Colchester, July, 1848.

SAMUEL A. PHILBRICK.

THE ROYAL COLLEGE OF SURGEONS.—RESOLUTIONS PASSED AT A RECENT MEETING AT MANCHESTER.

At a meeting of the members of the Royal College of Surgeons of England resident in Manchester and its neighbourhood, convened by public advertisement, and held at the Town Hall, on Tuesday, July 11, 1848, W. W. BEEVER, Esq., in the chair,—

It was proposed by DANIEL NOBLE, Esq., and seconded by Dr. RAYNER, of Stockport; and resolved—“That this meeting hereby records its decided opposition to any measure of legislation affecting the constitution of the medical profession which may ratify the retrospective act of injustice involved in the provisions of the charter recently granted to the College of Surgeons, at the instance of the Council.”

It was proposed by JAMES BOWER HARRISON, Esq., and seconded by Dr. BOWMAN; and resolved—That the invidious proceedings of the Council, in regard to the fellowship, have deprived it of the value and consideration which, under other circumstances, it would have possessed; and that, in the opinion of this meeting, it would be derogatory, on the part of those who were members of the College anterior to the date of the charter of 1843, to procure admission to the fellowship by re-examination and further pecuniary payment, as at present proposed.”

Proposed by THOMAS DORRINGTON, Esq., and seconded by G. SOUTHAM, Esq.:—“That this meeting conceives the Colleges of Physicians and Surgeons, once placed in just and harmonious relation with their respective members to be amply sufficient for all the requirements of medical science; and that the institution of a third and subordinate College of General Practitioners would, under such circumstances, introduce needless complication, and be prejudicial to the best interests of the profession.”