POOR-LAW MEDICAL RELIEF.

WE readily give insertion to the following statement, forwarded to us by Mr. F. S. GARLICK, one of the surgeons to the Halifax Union.

A Summary of Visits and Medicines supplied to Poor-law Patients in the Halifax District, for Twelve Months, commencing May 20th, 1847, and terminating May 20th, 1848.

Halifax District ... { Area ... 990 acres.
Population 19881

Number of Orders for Medical Attendance, from	
the Relieving Officer ...	851
Do. Visits to the Residences of Patients	2612
Do. Mixtures dispensed ...	4316
Do. Pills ...	10,947
Do. Powders... ..	3125
Do. Lotions	224
Do. Liniments	118
Do. Boxes of Ointment ...	193
Do. Plasters... ..	364

Number of Deaths during the Year ... { Males... 25
Females 32

The remuneration for this duty stands thus. For attendance upon 851 cases of sickness in the township of Halifax, including Highroad Well, Pellon, and Trafalgar, as per order from the relieving officer—for making 2612 visits, in the treatment of these cases—and for supplying the amount of medicines above enumerated, the award at present is £80, or 4s. 4½d. per diem.

The item of medicines alone is one of considerable magnitude, and the house of the medical officer whose duties compel him to distribute them in this way, is no longer a private establishment, but a public dispensary. Moreover, if the medical officer think it necessary to apply half-a-dozen leeches in the treatment of any case, he must give the patient half-a-crown out of his own pocket, in order to procure them. Can any man be surprised that this circumstance should altogether prohibit the use of leeches in poor-law practice?

Extra Cases.—The following cases have also been attended during the year, and for these, the medical officer is entitled to the extra remuneration affixed—viz.,

Fractures, at £1 each ...	3
Midwifery cases, at 10s. each ...	18
Extra cases of midwifery, at 15s. each ...	2
Vaccination cases during the summer of 1847, at 1s. 6d. each ...	11

Such is a faithful abstract of the duties which the medical officer of a populous district has to perform, and of the supplies which he has to furnish. Whether the remuneration be commensurate or not, I will leave to the candid consideration of others. Undoubtedly, the medical relief of the poor should be borne by the whole of the rate-payers, but here it is made to fall, with a heavy hand, almost exclusively on the medical officer. It must be borne in mind, that poor-law practice embraces the most unhealthy localities, such as courts, lanes, alleys, cellars, garrets, and crowded lodging-houses,—places which baffle all description, but which may truly be pronounced foci of disease,—sinks of misery, filth, and destitution. To attempt to eradicate, or even treat, disease successfully in these places, under existing circumstances, is well nigh a hopeless task.

The medical officer has to contend with extreme difficulties. He can neither procure fresh air, suitable food, nor the most common appliances for the proper and judicious treatment of the cases which fall to his lot. He is left to struggle with enormous evils as he best can,—his only course is, to exert one untiring effort in order to stem that disease which is hourly generated in neglected localities. No sooner does one case yield, than another is brought under his notice, and this occurs, too, in a majority of instances, from preventible causes.

This report, so far as duties and remuneration are concerned, must not be considered as applying to me alone, but also to numbers of well-educated medical practitioners who are absolutely toiling for nothing, and hourly exposing their lives to imminent peril. Many, in consequence, as the last year has proved, have fallen a sacrifice to their conscientious discharge of duty, and the wonder is, that the mortality amongst medical officers has not been considerably higher. Surely this is a class which demands better consideration than it has hitherto received.

I vouch for the accuracy of this document in every particular.

FREDERICK SMITH GARLICK,
Medical Officer for the Township of Halifax.

MEDICAL FEES AT ASSURANCE OFFICES.

[CIRCULAR OF THE MANCHESTER MEDICO-ETHICAL ASSOCIATION.]

To the Directors of the Life Assurance Company.

GENTLEMEN,—As the honorary secretaries of the Manchester Medico-Ethical Association, we are instructed to lay before you the accompanying circular.

We are also directed to inform you, that this Association is composed of about eighty members of the medical profession, resident in this city and its immediate neighbourhood; and that as it was founded for the purpose, among other objects, of protecting the interests of the profession, the matter herein referred to properly falls within the sphere of its operations.

Requesting the favour of as early a reply as the consideration of the subject will permit, we have the honour to be, gentlemen, your obedient servants,

Oxford-road, Manchester,
March 21st, 1848.

RICHARD ALLEN.
JOHN AIKENHEAD.

(CIRCULAR.)

The members of the medical profession feel greatly dissatisfied, that when referred to for certificates of health by applicants for life assurance, they should have difficulty in obtaining remuneration for their services. While, on the one hand, the claim of the medical referee is just and reasonable, so on the other, a recognition of this claim would greatly subserve the interests of the assurance companies.

The duty which the medical referee is called upon to discharge is one involving great responsibility, since his report on the applicant's past and present state of health in some cases determines the decision of the directors in regard to the application, and in others may at a future time be made the ground for resisting the payment of the policy. It is, moreover, one of much delicacy, as he is thus often compelled, in telling the whole truth, to record particulars entrusted to him in professional confidence. It is further one, the due fulfilment of which, in many instances, militates against his own interests; for cases might be cited, where medical men in this way have become involved in trouble through attacks on their honour and integrity, as well as on their professional skill. Finally, though all communications to the office are termed "strictly confidential," breaches of good faith are not altogether unknown; and even where secrecy is maintained, it will sometimes happen, that in the event of a policy being refused, the displeasure of the applicant and his family falls upon the medical referee, from a suspicion that he has given an unfavourable report. From these considerations it must be manifest that the profession have a just claim, on one party or the other, to remuneration for the certificates required for life assurance.

1st. The condition of a certificate of health being given by a medical referee is one imposed by the company, solely, with the view of aiding them to decide whether they can accept the proposal of the applicant with safety to their own interests.

2nd. The entire benefit to be derived from the certificate is received by the company; that it is alone valuable to, and can only be used by, the company. If the certificate report favourably, it is an additional security to the company; if unfavourably, it protects the office from a bad life; and if unfaithfully, it may at a future period be used as a ground for vitiating the policy.

3rd. That if the certificate disclose, in even a small proportion of cases, a single fact concerning the health of the assurer, which might be overlooked by the medical examiner for the office, or which, from its obscurity, could not be detected by one a stranger to the applicant, (and this will scarcely be denied,) then its value to the company, were there no other reason to adduce, would be clearly established.

4th. That either the certificate, or instructions founded upon it, are commonly forwarded to the medical examiner of the company, and, consequently, will thus in general prove of importance in directing his examination.

5th. That when disputed claims have been taken into courts of law, the certificate of the medical referee has usually been set forth as the basis of the contract, and as the evidence on which the policy was granted.

6th. That some assurance companies have no medical examiner of their own, but trust to the report made by the medical referee of the applicant.

Lastly, that several companies, recognising the just claims of the profession, "pay every medical referee to whom they apply a fee for his services."