

many central and local administrative medical officers, to all of which posts practitioners should be eligible.

#### *No Bureaucracy.*

It will be of the utmost importance to make sure that the Public Clinical Service of the future shall not be organised and managed in any bureaucratic spirit, which might not only make the conditions of service intolerable, but might tend to stamp out individuality and initiative. There will be three interested parties—the tax-payers, the patients, and the doctors—all of whom must have a say in the administration of the service. The tax-payer must have a voice in the expenditure of public moneys, the patients must have a court of appeal if dissatisfied, and the doctors must be left to manage all purely medical matters and must be given the predominating voice in determining the conditions under which they will serve the community. The function of the central organisation must be to stimulate and suggest and see that an active progressive spirit is maintained, but freedom must be left to each local authority and medical group to expand and develop its plans.

#### *The Transition Stage.*

Whilst a service such as that indicated above is thought to be ultimately in the best interests of the public and of the medical profession, it is fully recognised that it would be impossible and unfair to existing interests to force it suddenly on to the profession by Act of Parliament. There must be a transition stage during which considerable latitude must be given to men and women now in practice.

It has already been suggested in many quarters that the medical benefits of the National Insurance Act should be extended to all dependents of those now insured and to all Poor-law patients. This may be the line eventually adopted, though it will be regrettable unless drastic amendments to the National Insurance Act be previously made. Later on, by gradually raising the income limit, the scope of the service could be widened more and more until at last no one would be excluded from the benefits of the service.

At first, therefore, it may be necessary and probably beneficial, in order to avoid one medical service for the rich and another for the poor, to have part-time medical officers of the Public Clinical Service. On the passing of any Act of Parliament establishing a public service all registered medical practitioners might be given an option, to be exercised within a reasonable time, of becoming either a part-time or a whole-time medical officer, but anyone qualifying and electing to join the service after the passing of the Act should be accepted only as a whole-time salaried officer. In this way there would gradually be built up a whole-time salaried medical service.

As regards the method of remuneration of those electing to serve as part-time medical officers, it may be either by salary or by a capitation grant, only in the latter case the number of panel patients allowed should be strictly limited, as the practitioner's time would be partly occupied in private work. Those electing to devote their whole time to public work should be paid by salary, which should be based upon their previous professional status, and they should be guaranteed a pension and some compensation for the capital value of the practices which they abandoned. The latter could take the form of a capital sum on retirement or an increased pension.

Even when the public medical service became free and open to all, there would probably always be a few patients who would prefer not to avail themselves of it, and similarly there may always be a few medical men who would prefer not to enter the service. There would be no objection to the latter competing for the former in private practice, provided always that they conform to all laws passed on behalf of public safety and national health.

#### *Now is the Time.*

In conclusion, it may be pointed out that there are several reasons why a Public Clinical Service should be considered at the present time.

In the first place, the war is depleting the ranks of the medical profession by death and disablement, and at the same time conscription is so denuding the medical schools that there must be a serious shortage of doctors in the near future which it will take many years to make good, and the evils of which can only be overcome by organisation and coöperation.

Alongside the shortage of doctors, the work which must be undertaken is likely to increase. There will, unfortunately, be a large number of soldiers permanently disabled for whom medical supervision will be necessary, and there will be many widows and orphans unable to pay doctors' fees, but whose health must be preserved for the sake of the rising generation. Again, it is not improbable that there may be outbreaks of bacterial disease introduced into this country by the home-coming Army.

Again, some 10,000 medical practitioners have left their peace-time work and joined the R.A.M.C., and, in spite of the good intentions of their colleagues who have remained at home, their practices, to all intents and purposes have passed into other hands. A practice can be left in charge of a colleague for six months or so without very serious damage, but not so for three or four years. When the men of temporary rank in the R.A.M.C. return they will have little heart to set to work to rebuild their lost practices, but they will probably be ready and willing to continue to serve the community by administering to the needs of the civil population under conditions of work not unlike those under which they have served the military forces.

Lastly, at the end of the war there will be a great number of well-equipped temporary hospitals, nursing staffs, and a large accumulation of motor ambulances, motor-cars, surgical instruments and appliances, and pathological and X ray outfits which could be utilised with great economy for the establishment and maintenance of a Public Clinical Service, and for special hospitals and sanatoria required by the preventive branch of the National Service.

Some form of Public Medical Service is bound to come in the near future, with whole-time salaried medical officers, if only because from the administrative point of view it will be so much less complicated and so much more economical than any form of part-time service. It is therefore urgently necessary that all practitioners should unite to ensure that when it does come it shall be a service that shall be honourable to the best traditions of the profession and of the greatest possible service to the community.

## MEDICINE AND THE STATE.<sup>1</sup>

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THE proper relationship which should subsist between the State and the profession of medicine is a question in which a constantly increasing number of medical men as well as of the general public is beginning to take an active interest.

#### *Present State of Opinion.*

At the time of the introduction of the Insurance Act the medical profession, so far as it had given thought to the matter, was roughly divided into three parties holding diverse views upon this subject.

An extreme right party held that beyond securing the proper education of registered practitioners, and providing from amongst them a service of sanitarians to safeguard our system of drainage and to control epidemics of disease, the State should leave the medical profession a free hand to carry out its beneficent work in absolute independence of all Government control.

An extreme left party saw salvation in the proposal of the Fabians that the State should become the direct employer of every medical man to whom it granted registration, and should make itself responsible for seeing that its medical servants faithfully carried out its instructions in offering to, or forcing upon, each member of the community such medical ministrations as the State deemed necessary for the maintenance of his physical health.

Between these two sections was a larger central party who, recognising the impracticability, whatever they might think of the idealism of these extremists, held that the time had arrived for the State and medicine to enter into an honourable partnership in order to secure that the benefits of our rapidly advancing medical science should be made available for the population as a whole as well as for each individual, irrespective of wealth or social position.

<sup>1</sup> An address to the Southwark Panel Practitioners' Association, May 31st, 1918.

Four years of war have altered our views of the nature and urgency of many problems, as well as of the best ways of dealing with them. There still remains a small army of devoted individualists in medicine prepared to die in the last ditch before they will surrender the smallest outpost of professional liberty. On the other hand, our experience of the efficacy in war-time industry of substituting coöperation with, in place of control over, workers of all kinds is leading many medical men and others formerly devoted to the State service ideal to join hands with the central party in endeavouring to formulate conditions under which the profession and the State can jointly work as equal and friendly partners for the national welfare.

The schemes for the formation of a Ministry of Health put forward by various organisations, lay or medical, are tentative proposals for preparing the way for such a partnership, but I do not here criticise any of these schemes in detail, but discuss certain general principles of governmental and professional organisation which must be borne in mind if any permanently successful coöperation between medicine and State is to be forthcoming.

#### *A National Medical Council.*

Some of the most interesting proposals for industrial reconstruction recently suggested are contained in the Interim Report on Joint Standing Industrial Councils prepared by the subcommittee, of which Mr. J. H. Whitley, M.P., was chairman. (Cd. 8606. Price 1d.) Although these proposals are primarily intended for the promotion of cordial relations between, and efficient joint output by private employers of labour and their workpeople, they are clearly equally applicable where the State or a local authority is jointly engaged with professional men in rendering any sort of service to the community.

The majority of Government departments seem to have failed to recognise the applicability of the recommendations of the Whitley Committee to the large class of activities in which they themselves play the part of the employer. But already there are indications that these departments will have to give way under the stress of public opinion, and that joint councils of representatives of Government employees and of the officials of the Government departments concerned will be constituted on the lines of the Whitley Report.

In order to secure an effective partnership between medicine and the State the establishment of a Joint National Council based on these principles is probably one of the most important steps. Its existence at the present moment would be of great benefit to the country. To such a body would naturally be referred the many difficult problems which have for so long held up the establishment of a Ministry of Health.

Such a Council would be an entirely different body and would have quite different functions from the General Medical Council. It would be a joint medical and lay body, regard being paid, so far as the medical representation is concerned, to the "various sections of the industry and the various classes of labour employed"—to quote the words of the Whitley Report. It is now the duty of the medical profession to consider and decide how the due representation of all classes of the profession shall be secured upon such a National Medical Council and to persuade the Government to arrange for due representation of appropriate lay interests.

*Functions of a National Medical Council.*—Such a Council, "meeting at regular and frequent intervals," should be of great national advantage in securing the constant progress of medicine and the constant application of such progress to the common good. Not only would such a Council assist coöperation between the Government and the profession, but it would also help to solve the many difficult problems involved in the proper relationship between the various Government departments interested in health questions.

Let it not be thought that such a National Medical Council can undertake the duties of the General Medical Council, or the British Medical Association, or the Royal Society of Medicine, or the Panel Practitioners' Medical Union, or the Association of Panel Committees, or any other of the many purely professional bodies promoting or safeguarding professional interests, educational, economic, and scientific. It can no more undertake these duties than it can become a substitute for the Insurance Commission, the Local Government Board, or the Ministry of Health.

Its duty is to form a connecting link between the profession and other bodies concerned, in order to look out for all possible channels of progress and to promote smooth working by ensuring thorough mutual discussion of economic and administrative problems as they arise, and even before they arise.

*Constitution.*—Having regard to the importance of such a National Council's work the profession must jealously guard its status and its representative character. Definitely brought into being to safeguard general national interests, it must not be regarded as an instrument of any particular Government department. It must not be a mere advisory committee to the Ministry of Health. The non-medical members must not consist solely of representatives of the Civil Service, nor of the political party or parties for the time being constituting the government.

Independent men of high standing in science, commerce, and philanthropy should have due representation on such a Council not as nominees appointed by the Crown, but by direct election by such bodies as the Royal Society, the British Association, or the British Hospitals Association.

So far as the medical representation is concerned the profession should stand firmly for the right to elect directly its own representatives. Basing its claim on the Whitley Report it should demand that different classes of the profession should have adequate representation, and above all that the general medical practitioner upon whom ultimately falls the chief burden of safeguarding the public health shall be entitled to send to the Council a due proportion of men experienced in this special class of work. Joint councils, similarly constituted, should also be established in local health areas throughout the country.

#### *A Ministry of Health.*

The war has given a great impetus to the demand which has for many years been made by the medical profession that a special department of the Government should be established to control and coördinate the activities of the State in connexion with health problems. The immense number of the population who have been found to be physically unfit to take their due part in fighting or in any other work of national importance has brought home to us our serious neglect in protecting our people against preventable health deterioration. We have learnt by practical experience that the health of the individual is a vital consideration in all human activity, as interesting to the nation as to the individual himself.

When we come to look into the matter we discover that practically every Government department has gradually set up for itself a separate organisation for dealing in some way or other with the ill-health which, unprevented or unchecked, becomes a serious bar to its effective work. At all conferences where health problems have recently been discussed attention has been drawn to the multiplicity of Government agencies which may at the same time be dealing with the prevention or cure of disease in the same community, in the same family, and often in the same individual. It is well that this condition should be brought home to our legislators, for the overlapping, waste of energy, and positive harm to health that may be induced by this confusion calls urgently for reform.

*Relationship of a Ministry of Health to the Health Work of other Government Departments.*—A first step in the direction of such reform is undoubtedly the establishment of a Government department whose primary and sole preoccupation shall be the maintenance of national health. To this end every assistance should be given by all members of the profession towards the promotion of a Ministry of Health. But it must not be imagined that such a Ministry can be made responsible for all Government activities in which health problems are of importance. We are beginning to recognise that no Government department can afford to disregard the effect of its work upon national health or the effect of national health upon its work, any more than it can disregard the interdependence of its work upon national and individual finance. We shall shortly be compelled to appreciate in matters of health that our new Ministry of Health will have to bear towards all other Government departments a relation similar to that which in matters of finance the Treasury at present bears to other departments of the State.

The Ministry of Health must not be handicapped by dealing with matters outside its proper province merely

because it may be urged that such matters are intimately bound up with questions of health. It must not deal with local government merely because local authorities have great health responsibilities. It might equally be urged that the Ministry of Health should manage the Army and the Navy, because no troops can carry on a successful campaign unless their health is properly safeguarded. The Ministry of Health must not be responsible for the general details of the housing problem, although the national health is vitally concerned with its proper solution. It might equally be urged that it should be made responsible for the work of the Board of Agriculture and Fisheries, because without proper and sufficient food no nation can be healthy.

The care with which Parliament has restricted the work of the Treasury to purely financial problems, though allowing it to intervene indirectly in the work of other departments sinning against the principles of sound finance, must be equally exercised in restriction of the scope of the work of the new Ministry.

#### *The Primary Classification of Professional Functions.*

Assuming the establishment of a Ministry of Health with properly defined functions and with properly arranged relations to other Government departments, its success will very largely depend on its effective use of the professional material at its disposal. It is quite certain it will have no superfluous material to use extravagantly if it sets out to provide the amount of medical service which public opinion demands shall be provided in order to maintain the high standard of national health to which all look forward. Economy of doctor-power, seriously depleted by the war, will demand a careful division of labour and a classification of professional functions.

*Domiciliary and Institutional Treatment.*—The present chaotic condition of professional organisation has led to erroneous views as to the primary classification of the work of medical practitioners, which if they be not set right at the outset will inevitably lead to extravagance and inefficiency. A common error is to assume an initial division into practitioners engaged in domiciliary, and practitioners engaged in institutional, treatment. Such a classification is particularly unfortunate. It has no value whatever, so far as professional experience and training are concerned. The same patient, with the same disease of exactly similar severity, may at one time require for his condition institutional, and at another time domiciliary, treatment. The most unimportant variation in his home conditions or in his momentary financial circumstances may determine the need for one or other form of treatment. It may fall to the duty of the same medical practitioner to treat the same patient at one time in his home, at another in the hospital.

It is highly desirable that all medical practitioners engaged in domiciliary treatment should also have opportunities of undertaking institutional work, so that a classification such as has been suggested would be directly detrimental to extension of desirable professional experience. It is probable that our social conditions after the war will greatly increase the amount of institutional treatment required for cases of slight severity owing to the difficulty of securing domestic service in the homes of the middle classes. From every point of view such a classification is unscientific, and therefore unsatisfactory.

*Preventive and Curative Medicine.*—Another equally erroneous classification of the profession is that into practitioners of preventive and practitioners of curative medicine. The idea that this is a natural division of our professional functions is even more widely held than the erroneous idea already referred to. At first hearing it sounds plausible, but if acted upon in carrying out any large scheme of professional reorganisation it would lead to disastrous results.

Nothing is more important for professional progress than that every medical practitioner, whatever the actual scope of his work, should have always in mind that prevention is better than cure, and that every curative measure he may employ should be considered from the point of view of its ultimate effect in the prevention of further recurrences of disease and the maintenance of the patient's future health.

The intellectual interest in the diagnosis of diseased conditions, the spiritual joy of rendering help to the suffering, and the natural pleasure of watching the immediate effects of one's therapeutic efforts have always led the profession to take a greater interest in the curative side of its work. The

call of the sick to be made healthy has always been more insistent than the call of the healthy to be kept from becoming sick. Even amongst the angels there is more joy over one sinner that repenteth than over ninety and nine just persons who need no repentance.

The natural logic of events has always laid the profession open to the taunt that it was more interested in disease than in health. A reorganisation of the profession based on the idea that a large section of its personnel should be definitely ear-marked as set apart for curative work only would crystallise a condition which all who have given thought to the matter regard as wholly undesirable.

*Basis of Classification.*—The natural and scientific classification of professional functions that must form the basis of the professional reorganisation to be promoted by the Ministry of Health is a division of the profession into medical men undertaking the prevention and cure of disease by regulating the conduct and environment of the community as a whole, and those undertaking the same functions for the individual units of which the community is composed—medical officers of public health and medical officers of private health.

The whole outlook, training, and mode of attacking their special problem by these two great branches of professional workers are as different as their ultimate aims are identical. Each branch must constantly keep before itself the greater advantage of attaining their end by preventing conditions which if they cannot prevent they will ultimately be called upon to remove. But the medical officer of public health must work by official regulations, sanitary laws, and compulsory powers, whilst the officer of private health must always rely on individual influence, education in personal hygiene, and patient persuasion.

Whatever may be the extent to which the public will submit to sanitary laws instituted for the protection of the community as a whole, any attempts to secure by compulsion submission to laws of personal hygiene necessary in order to maintain individual health are foredoomed to failure. A Ministry of Health setting out to assist the profession in coördinating its work for the national advantage must recognise this initial classification of professional functions if it is to avoid confusion, overlapping, extravagance, and inefficiency.

*Conditions of Service.*—Having thus defined the scope of the work of these two great branches of the profession, it is necessary to recognise the resulting implication as to the conditions of service of the medical men composing them. The medical officer of public health whose duty it is to assist in securing a common obedience to national sanitary laws must be the direct servant of the State. On the other hand, the officer of private health must be as free as possible from State control and be placed in the closest relation of trust and confidence to the patient who voluntarily submits his health and life to his medical attendant's judgment and control.

The necessary means of securing these indispensable relations between the medical officer of private health and his patient need not be dealt with here. They are well known to medical practitioners. It is enough to indicate that by most practitioners it is now agreed that, failing the maintenance of completely independent private practice, which is no longer possible, the system set up under the Insurance Act, with certain modifications and improvements, would appear to be the most satisfactory way of meeting the necessities of the case.

#### *The Subdivision of the Work of the Primary Branches of the Profession.*

Having established a primary division of the profession into those responsible for public and those for private health, it remains to consider a rational subdivision of these primary groups.

Specialisation as a means to efficiency by subdivision of labour is an essential feature of all modern organisation. In recent years medicine has shown to an extraordinary degree this general tendency. It has also given very striking illustration of the fact that mere subdivision of labour without considered coördination will never secure the best results. The introduction of a Ministry of Health and the definite institution of a partnership between medicine and the State should afford a fitting opportunity for a careful consideration of the most effective use of professional specialisation.

So far as the *medical officers of public health* are concerned the problem is not a difficult one. The introduction of a National Service of such officers, or of local services dealing with areas of adequate size, will provide a staff sufficiently numerous to allow its individual members to take up work in the various departments of public health already recognised, and in those new departments which will inevitably be gradually instituted. Places upon such a staff will easily be found for experts specialising in epidemiology, bacteriology, chemistry, microscopy, dietetics, and all other sciences forming the basis of sanitary science generally. The principles governing the inter-relationship of such workers will not be difficult to define.

It is when we come to the *officers of private health* that difficulties will arise, difficulties which will be all the more acute because of the want of system in specialism as it exists in ordinary private practice to-day. Difficult as the task may be, it must be grappled with if the nation is to profit from State intervention in professional organisation. It is impossible to deal with the whole question here. Some general principles only can be touched upon, but they are of great importance. Is there a primary classification of the functions of the section of the medical profession dealing with individual members of the community analogous to the primary classification of the profession as a whole which has already been laid down? Undoubtedly there should be.

The classification clearly cannot be made on the mere question of seniority. This was the method once adopted and even now not entirely discarded by the Army, and it obviously does not work. To assign certain medical duties to a practitioner because he has attained to the rank of major and others to another because he is merely a captain is not a feasible principle of organisation.

Nor is it desirable to classify medical attendants as the doctors of the rich and doctors of the poor. This would be as disadvantageous to the rich as to the poor and as detrimental to the public as to the profession. Nor should we make a primary division of the duties of medical practitioners based on a classification into hospital doctors and non-hospital doctors. Everyone hopes that one of the effects of reorganisation will be to secure continued hospital experience for all medical practitioners.

The essential classification of medical attendants in order to secure efficient division of labour must be a primary division into *general practitioners and specialists*. But to be effective such division must be complete. It will not be altogether popular with either section of the profession, nor, perhaps, in the first instance, with the public. But in the national interest it must be secured. Without it confusion, overlapping, and inefficiency are inevitable.

The rôle and ambition of the general practitioner should be to know something of everything, the rôle and ambition of the specialist to know everything of something. Each must recognise the advantages and limitations of his position. The work of each is of vital necessity to the community. Neither must encroach upon the other's province. The general practitioner only must undertake independent practice. The specialist must frankly accept the position of the consultant to the general practitioner.

*Need of coördination.*—It is impossible under any scheme of professional organisation for which the State accepts joint responsibility with the profession to permit a continuance of the competition between these two classes of practitioners which exists at present. The State must endeavour to replace such competition by coöperation. Competition and coöperation cannot go hand-in-hand. The general practitioner cannot be expected to make free use of the specialist's services if by so doing he is helping a competitor to compete with him more successfully and ensuring the ultimate destruction of his own practice.

Fortunately for those whose duty it may be to introduce this system of division of labour and coördination of work into the profession of medicine, there already exists in a sister profession an example of the process in full working order. The relations between the barrister and the solicitor which exist in this and some other civilised countries afford a satisfactory precedent for the conditions which must ultimately prevail in medicine. For all practical purposes it may be said that no barrister undertakes independent work for a client. He acts always as a consultant for a solicitor.

A primary division of medical attendants which would establish two classes of practitioners bearing to each other the relations existing between barristers and solicitors would be a big step towards ensuring to the community the advantages that should accrue to them from specialisation in medicine, advantages which, under present conditions, are undoubtedly denied to the largest sections of the population.

If the State and medicine are to work successfully together for the common good each must be willing to concede something to the other. The State is learning that in complicated technical industries it must allow the workers a fair measure of liberty and independence if high ideals and progress are to be given opportunities of development. Industries are learning that they cannot effect the fullest national service without receiving some measure of State assistance necessarily involving a certain degree of State control. These general principles must be recognised by the Government and the profession if the highest aims of medicine are to be attained.

## THE BELGIAN DOCTORS' AND PHARMACISTS' RELIEF FUND.

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The following subscriptions and donations to the Fund have been received during the week ending July 15th:—

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\* Per Dr. Des Vœux.

† Per Sir Rickman Godlee.

Subscriptions to the Fund should be sent to the treasurer of the Fund, Dr. H. A. Des Vœux, at 14, Buckingham Gate, London, S.W. 1, and should be made payable to the Belgian Doctors' and Pharmacists' Relief Fund, crossed Lloyds Bank, Limited.

**SOUTH LONDON HOSPITAL FOR WOMEN.**—The anniversary of the opening will be celebrated to-day (Saturday), July 20th, when the hospital will be open for inspection from 3 to 6 P.M., and a concert held at 3.30 P.M. Tickets (including tea), 1s. each, may be obtained from the secretary, South Side, Clapham Common, S.W. 4. A street collection on the same day will take place in Clapham, Balham, Tooting, and Streatham.