

Dr. Robinson, towards the end of his letter, refers the injurious constriction to the pressure of the top button over the sternum rather than to that of the collar-hook over the neck; and here I think he errs, as the bony and elastic framework of the thorax must, in a measure, check the one, whilst the neck can offer but little resistance to the other.

In conclusion, I beg to state that my paper in THE LANCET of Feb. 20th was written in great part to advocate mechanical obstruction, in opposition to syphilitic disease, as the probable explanation of the prevalence of aortic aneurism in the army; and I hope, ere long, to draw the attention of the profession to disease of the heart in connexion with the same cause; and as, owing to its prevalence, individual experience of the effect of locality must be of great value, I shall feel much obliged to Dr. Robinson and other medical officers of the army if they will kindly give me any information that they may think of interest.

I am, Sir, your obedient servant,

Guards' Club, March 13th, 1869.

A. B. R. MYERS.

### THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—I quite agree with your remark in a late number, which was to the effect, "that you could not understand on what grounds those gentlemen registered for the first time in 1868 should receive a copy of the Register gratis." It is certainly a most unjust act on the part of those in authority. I think at least those gentlemen who have been mulcted in the sum of £5 should receive a copy as well as those lucky enough to register in 1868. An answer to this, I venture to say, should be due from Dr. F. Hawkins.

I am, Sir, your obedient servant,

Doncaster, March, 1869.

H. J. BRANSON, M.D.

### MEDICAL CHARGES.

To the Editor of THE LANCET.

SIR,—Seeing that medical charges are engaging attention at the present time, I venture to make a few remarks on the subject.

According to my experience and observation, 5 per cent. is the maximum charge for medical services that can conveniently be borne by the public. Thus, a patient with £1000 a year can pay £50, one of £100 can pay £5, and a working man with £50 can pay 50s. These charges are exclusive of midwifery and of severe surgical injuries.

The profession of medicine, like that of divinity, is a religious calling, and the services of both are priceless. This constitutes the difficulty of dealing with the question of remuneration. Law and commerce are very differently situated, and cannot afford a guide to medicine. The guiding idea in the case of medical charges should be payment according to *time expended on social amenities* (not according to time expended on the professional necessities of the patient). By this method charges would be just, for well-to-do people occupy from twice to four times as much of the surgeon's time as poor people; *therefore it is just that they should pay double or even fourfold.*

It ought to be understood by the public and by the profession, that surgeons who have attained to experience are entitled to make higher charges than their younger brethren. And I am of opinion that nothing would more contribute to the welfare of all members of the profession than a difference of charges between juniors and seniors; for the established surgeons would earn the same money with half the expenditure of time, and young practitioners would have an opportunity of gaining a footing. But there is one circumstance more worthy than the adherence to a tariff: this is, attention to the injunction to consider the poor. Remembering this, a surgeon, although entitled to charge £20, will only charge 20s., or will forgive the debt wholly.

I subjoin a tariff that is quite high enough for the poor. All the tariffs that have been published are far too high for working classes. Labourers, 1s. 0d. to 1s. 6d. a visit (medicine supplied gratis); artisans, 1s. 6d. to 2s. 6d. a visit (ditto). The maximum annual account not to exceed 5 per cent. of the income: thus a man earning 15s. a week (£39

a year) ought not to be charged more than 39s., exclusive of 10s. for midwifery; £1 should be charged to artisans for midwifery.

I am, Sir, your obedient servant,

FREDERICK JAMES BROWN, M.D.

Rochester, Feb. 6th, 1869.

### POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I learn from the *Birmingham Gazette* of the 30th ult. that a communication has been forwarded from the Poor-law Board, remitting to the guardians of the parish of Birmingham their letters on the question of the proposed reduction of the medical staff for further consideration, and conveying an intimation that in parishes of much less area and population a greater number of surgeons are retained. As the advocates of the reduction of the medical officers would hardly know where to look for information, I may perhaps tell them that in Liverpool, with a population of only 50,000 more than Birmingham, there are twelve district medical officers, and in addition all drugs and dispensers are provided; whilst at Leeds, with a population of 100,000 less, there are four, and similarly the medical officers are spared the cost of providing and the labour of dispensing the drugs.

If the resolution of the Birmingham guardians had been sanctioned by the Poor-law Board, which *would probably have happened under the old régime*, the five medical officers would receive £1000 only in the way of stipends, out of which they would have had to find all medicines, &c., this amount being considerably less proportionately than it costs the parish of Liverpool for the provision of drugs alone. The conduct of the guardians is the less excusable, for it is in evidence that they were aware of this fact. Well might the ex-member for Oxford ask, "When shall we have an administration strong enough to grapple with the abuses of local self-government?" Mr. Goschen will earn imperishable renown if he makes the attempt.

I am, Sir, your obedient servant,

March 31st, 1869.

JOSEPH ROGERS.

### THE SUSSEX COUNTY HOSPITAL.

To the Editor of THE LANCET.

SIR,—Death has created a vacancy in the surgical staff of the Sussex County Hospital. The Committee are going through the usual form of advertising for candidates, which must be amusing to all but those concerned.

Ever since the hospital was opened, in 1828, the surgical appointments have been filled up by partners or sons—with two exceptions, which prove the rule, for on two occasions only has the supply of sons and junior partners run short.

It might be expected that such important life-appointments would confer some surgical position; yet every member of the surgical staff not only practises medicine and midwifery, but also dispenses his own drugs, so that in all respects he remains on the same level in private practice as the mass of his less-favoured brethren who are general practitioners in Brighton. Now, according to the Medical Directory for 1869, there are 127 medical practitioners in Brighton; and it is therefore as probable that there are many, as it is notorious that there are several, well-qualified and highly eligible for appointments on the surgical staff of the Sussex County Hospital. We would ask, then, On what principle of fairness to the profession, or of justice to the public, are these men hopelessly excluded?

If an abuse be clearly exposed, the remedy is at hand, and a few naked facts may be clothed by your readers with their own inferences. After due consideration, let them especially ask themselves whether the existence of otherwise indefensible special hospitals is not explained? And then let them say whether it is not desirable from every point of view,—whether for the good of the patients, the public, or the profession—that in the Sussex County Hospital there should be (1) a more numerous staff, (2) a different mode of election, and (3) a limited tenure of office?

It might be easy to obtain numerous professional signa-