

# EDINBURGH MEDICAL JOURNAL.

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## EDITORIAL NOTES.

### The Decision of the Representative Meeting.

THAT a body of private citizens should decide, by a majority of nine to one, to break off negotiations with the Government of their country is unexampled in recent history. That a profession which has been, of all others, least organised in its own defence, which has pressed on every law calculated to improve the health of the community, should be driven to so momentous a step by the most comprehensive piece of public health legislation ever contemplated is, in itself, a fact which should give the hasty critic pause. Serious as is the action of the British Medical Association, we believe that it is right, that it is justifiable by what has passed, and that it will be more than vindicated in the future.

This is neither the time nor the place to review the history of the "negotiations"—dilatory in their beginning, vexatious in their progress, barren in their results. The Chancellor of the Exchequer gave them their deathblow in his speech at Kennington, and the Association has merely signed their death certificate. Let them be decently buried; we have to turn to the work which lies ahead of us.

It has been officially announced that the Government will accept as final the decision of the Association, and we may assume that no further overtures will be made. We have to face, then, an attempt to create a medical civil service, or, alternatively, suspension of the medical benefits. The latter obviously will be the *dernier ressort*. To meet the first contingency, organisation of the profession is necessary; to meet the second, a constructive policy.

Six months are before us, untrammelled by the futilities of deputations and advisory committees, in which to accomplish these objects. At the root of efficient organisation lies the fostering of such spirit of loyalty to their fellows as will prevent men, through a sense of honour, from accepting appointments vacated by their brethren, or created by the Insurance Commissioners to supplant them. In this work every doctor by word and example can take part. A constructive policy, whether in the nature of planning a public medical service or otherwise, will require careful deliberation by our representatives. It is highly improbable that any scheme can be devised elastic enough to suit the whole country, so much do local conditions vary. Every provisional medical committee, therefore, ought to take this matter up and ask itself, fairly and squarely, how it proposes to meet January 1913, when contract practice as we know it ceases, and when we are faced by

large and powerful friendly societies requiring and demanding medical attendance. It is enough to state the problem : difficult as it seems, we do not doubt that there will be arrived at a solution which will at once meet the just claims of the profession and ensure a more efficient attendance on the workers than in the past. Only a solution satisfying both these conditions can have any element of permanence, and it now devolves upon the medical profession to show that it can finally solve a problem which has baffled the wit of Mr. Lloyd George.

**Voluntary Hospitals  
and the Insurance Act.**

IN our last issue we referred to certain difficulties with which members of the honorary staffs of voluntary hospitals were faced in view of the possible exploitation of the hospitals by persons insured under the National Insurance Act. Since we wrote the Staff of the Royal Infirmary have approached the managers, and have laid before them views similar to those we expressed last month.

It is highly gratifying to record that the Managers have met the Staff in the most friendly manner, and, after granting them a conference and considering the memorandum submitted, have replied through their treasurer and clerk in the following terms :—

“I am now directed to say that the Board sympathises with the Staff in the difficult position in which they are placed at the present time, but is confident that the Staff, while maintaining the fullest loyalty to their professional brethren, will always keep in view the true interests of the sick poor for whom this great charity exists and is supported.

“I am also further directed to say that the Board, after discussion, arrived at the following conclusions :—

“1. That in present circumstances insured persons being entitled to medical benefits under the Insurance Act should not be treated in the out-patient departments of the hospital except in accident cases, urgent cases, and suitable consultation cases ;

“2. That the Honorary Staff shall be entitled to exercise the option (recognised in private practice) to decline to meet any practitioner in consultation should such a course be considered advisable, but always provided that no patient shall be denied immediate advice or treatment if that be requisite on medical grounds ;

“3. That the question of investigating the circumstances of applicants for the benefits of the hospital by means of almoners or otherwise is one which will require time and care in consideration, owing to its undoubted complexity. The Managers will, however, give the subject their most careful attention in due course.”

We feel certain that the Honorary Staff and the profession as a whole will fully appreciate the sympathetic and broad-minded view of the situation taken by the Board, and that the Staff will in no way strain the confidence which the Managers have placed in them.



Sir William Plender's  
Report.

AN entirely unwarrantable deduction is apparently drawn by the Chancellor of the Exchequer from Sir William Plender's figures. In his speech on the "Joy Day" celebrations Mr. Lloyd George uses these figures to prove that the 6s. grant of the Government is a liberal offer. Assume that the figures accurately represent practice in the selected towns; admit, even, that the selected towns are fair samples of the class of practice for which the Act provides; grant both these arguable premises in order to avoid side issues, there yet exists a very obvious fallacy which cannot be too clearly pointed out.

Four shillings and twopence per head of the population is, according to Sir William Plender's report, the average annual gross income derived from visits at patients' houses and attendances at surgeries after deducting therefrom the number of persons attended under contract. That is to say, it is the average sum received *for work done*. It represents the average amount of a certain commodity—medical attendance—that each individual uses when he pays for it in the ordinary way. And now doctors are asked, in effect, to say: "We find that on an average each of you buys from us time and skill to the tune of 4s. 2d. a year. Go on giving us the 4s. 2d., and we shall continue to supply you—with as much of our commodity as you care to demand."

The difference between contract and private practice indicated in the above is fundamental. Does anyone in his senses believe that under contract practice the work will remain the same? The amount of medical attendance a private patient asks is a compromise between his disinclination to spend money uselessly and his fear of neglecting trivial ailments. In contract practice the former check is removed, and obviously the doctor's work must increase. It is because of this increased work that increased remuneration is asked, and it is because of the work that the Act threatens us with that Mr. Lloyd George's jibe about doubling the income of the medical profession is somewhat beside the mark.

Resignation of  
Professor Greenfield.

THE resignation of Professor Greenfield, which was tendered to the University Court on 22nd July, removes from the Teaching Staff of the Edinburgh School one who has filled the Chair of Pathology with distinction since 1881. The influence of Professor Greenfield on the teaching of Pathology is evidenced by the number of his pupils who to-day fill University Chairs and other important positions, not only in this country, but also in the colonies. Professor Greenfield's fame as a teacher will not rest entirely on his work in the Department of Pathology; to many he will be remembered as a most impressive and inspiring teacher of Clinical Medicine. He carries with him the warm wishes of his former pupils.

**Retirement of Mr. J. M. Cotterill.**

THE expiry of Mr. J. M. Cotterill's period of office as Surgeon to the Royal Infirmary deprives the Edinburgh School of Clinical Surgery of the services of one of its most distinguished members. A man of outstanding individuality, he left the imprint of his character on all his work. As operator, writer, and teacher he upheld the best Edinburgh traditions which his long association with the late Professor Annandale had so firmly impressed upon him. Mr. Cotterill retires from his Infirmary work while still in his prime, and we sincerely trust that the increased leisure which has been thrust upon him may enable him to enjoy to the full his many pursuits and interests.

**Appointment.**

MR. D. P. D. WILKIE has been appointed Assistant-Surgeon to the Royal Infirmary.

**University of Edinburgh Graduation Ceremonial.**

At the Graduation ceremonial held on 12th July the honorary degree of Doctor of Laws was conferred on Professor H. B. Allen, M.D., University of Melbourne, and Professor R. Ramsay Wright, M.A., B.Sc., University of Toronto. Of the 45 candidates who obtained the degree of Doctor of Medicine, four were awarded Thesis Gold Medals—Thomas Graham Brown, B.Sc., M.B., Ch.B.(1906), "On Rhythmic Movements: A Contribution to the Physiology of the Central Nervous System;" John Kolbe Milne Dickie, M.B., Ch.B.(1909), "Studies on the Development of the Upper Air-Passages;" John Fraser, M.B., Ch.B.(1907), Ch.M.(1910), "An Etiological and Pathological Study of Tuberculosis of the Bones and Joints;" and Thomas Grainger Stewart, M.B., Ch.B.(1900), "Compression Paraplegia." The theses presented by James Argyll Campbell, Thomas Yule Finlay, Lina Kurz, James Langwill, Alexander MacRae, Duncan Glenierochie Robertson, and William Ormerod Welply were highly commended. One candidate graduated M.B., C.M.; 123 M.B., Ch.B.; and 3 B.Sc. in Public Health. Diplomas in Psychiatry were awarded for the first time, the successful candidates being William Boyd, M.D.; Robert Dods Brown, M.D.; Wm. Lewis Martin, M.A., M.B., C.M.; and Geo. Dunlop Robertson, L.R.C.P.&S.(Edin.). The following awards were also made:—*The Gunning Victoria Jubilee Prize in Anatomy* to John Kolbe Milne Dickie, M.D., Ch.B.; *The Ettles Scholarship* to Samuel Burnside Boyd Campbell, M.B., Ch.B.; *The Allan Fellowship in Clinical Medicine and Clinical Surgery* to William Ewart Bullock, B.Sc., M.B., Ch.B.; *The McCosh Graduate's and Medical Bursaries* to Disney Hubert Dusch Cran, M.B., Ch.B.; *The Beane Prize in Anatomy and Surgery* to Samuel Burnside Boyd Campbell, M.B., Ch.B.; *The Mount Scholarship in the Practice of Physic* to Archibald Romanes, M.A., M.B., Ch.B.; *The Conan Doyle Prize* to Alan William Stuart Sichel, B.A., M.B., Ch.B.; *The Annandale Gold Medal in Clinical Surgery* to George McConnell, M.B., Ch.B.; *The Buchanan Scholarship in Gynecology* to Gilbert Vere Bogle, B.A., M.B., Ch.B.; *The James Scott Scholarship in Midwifery* to William Nicol Watson Kennedy, M.B., Ch.B.; *The Dorothy Gilfillan Memorial Prize* to Janet Stewart Laird, M.B., Ch.B.; *The Pattison Prize in Clinical Surgery* to Henry James Craig Gibson, M.A., and John Owen Reid (equal); *The Cunningham Memorial Medal in Anatomy* to James Elvins McCartney; *The Straits Settlements Gold Medal* to George Carmichael Low, M.A., M.D., Ch.B.; and *The Wellcome Medals in the History of Medicine*—Gold Medal to James Simpson Rankin; Silver Medal to James Hepburn.