

Professor De Renzi, of Naples, has announced the production in his laboratory of an antipneumonic lymph. The results of the experiment are described as highly promising.

## CORRESPONDENCE.

### THE BATTLE OF THE CLUBS.

SIR,—The Kidderminster and District Medical Society have appointed a small committee to inquire into the abuses of medical aid associations and clubs, which exist and flourish in this district, to the great injury of the medical practitioners. I should be very much obliged for any information from other medical societies as to any action that may have been taken with regard to the above question, with result up to the present time, and also as to the rules framed for the guidance of their members in the matter of dealing with medical aid associations and clubs. Our great difficulty here is that if we attempt to deal with the large friendly societies they will go over in a body to the two medical aid associations which are formed here; and so strengthen them. These medical aid associations have already, to a great extent, been boycotted (the officers included), though Birmingham and Worcester consultants continue to meet the medical officers and thereby to a certain degree countenance and help the associations.—I am, etc.,

W. MOORE,  
President of the Kidderminster and District  
Medical Society.

Stourport, Nov. 25th,

SIR,—Ever since the dispute between the medical men and clubs in Cork I have followed the matter very carefully. The general opinion expressed is, that the profession have it in their own hands to stop the abuse by combination, but I do not think that the profession ever will combine under existing circumstances.

I have a practice in an agricultural and mining district; my income is between £700 and £800 a year, of which I am paid by clubs £350, midwifery and vaccination £100, about £100 by families of colliers who prefer to pay me privately instead of going into the village sick club; the remainder I am paid by farmers, shopkeepers, etc. There is another medical man who is paid by the colliery class one way and another about £250 a year, which makes say £600 paid every year to myself and another from the colliery and labouring class by clubs, for confinements, etc., by club members. Now, were a medical aid society started here, and a salary of £500 a year offered, with midwifery fees, how many applicants would there be for the appointment? Who could blame the scores of assistants applying? Would they not be very much better off making £500 a year among the same class of people than being paid £150 by another practitioner?

I think, however, with time and money, we could deliver ourselves. My suggestion is that every practitioner should subscribe to a fund, appoint a secretary, whose business would be to see every doctor in the country, form certain rules, in no way harsh to the poorer class, but such as must secure a fair payment from clubs; then, when we had agreed on what we considered just, to bring pressure on the influential men in the different towns, who would in their turn bring pressure on the proper authorities to make it infamous practice for any man to work for less than the minimum amount agreed upon.

I consider it would take an income of £2,000 a year for five or six years to bring such a scheme to a successful conclusion, but feel confident such an amount could easily be raised. It would be for the benefit of all medical men to have a minimum fixed by law, and it would not make it any more difficult for a man to start practice than before, but would prevent him from underselling every man in his neighbourhood.

I am quite willing to pay an annual subscription for such a purpose if the idea is taken up, but I certainly will not do anything individually to lose the practice I have now.—I am, etc.,

November 25th.

CLUB DOCTOR.

### INVITATION FOR TENDERS WITHDRAWN.

SIR,—My attention having been drawn to a paragraph in the BRITISH MEDICAL JOURNAL adversely criticising my circular to the medical profession in Blackpool, I beg to withdraw my offer for tenders, and to express my regret that I have unknowingly asked medical gentlemen to do something which might be deemed to be departing from the honourable traditions of the profession. At some convenient time I will ask a gentleman to take the post of visiting physician to the Hydropathic.—I am, etc.,

Blackpool, Nov. 22nd.

SAMUEL HORROCKS.

### THE BRITISH MEDICAL BENEVOLENT FUND.

SIR,—I am happy to say that we have been able to make grants amounting to £161 at the meeting of the Committee to-day, and I have still to acknowledge with very grateful thanks the following donations:

£ s. d.		£ s. d.	
Mr. Edmund Owen...	2 2 0	Mr. Brook ... ..	0 10 6
Dr. Travers ... ..	5 5 0	Mr. Wilfred Thomas ...	0 10 6
Mr. John King (per Dr. Travers) ... ..	50 0 0		

I am, etc.,

Brook Street, W., Nov. 26th.

W. H. BROADBENT.

### THE GUILD OF ST. LUKE.

SIR,—November 30th, St. Andrew's Day, is set apart for "special intercession for missions." May I, as Provost of the Guild of St. Luke, draw attention to the demand now existing for medical missionaries? Of these about sixty are employed by the Church of England Missionary Societies, of whom a third are our associates. Several colonial bishops, also members of the Guild, are urgently needing helpers. The Bishop of Bloemfontein, himself a Fellow of the Royal College of Physicians, is now acting for a medical missionary; so is the Archdeacon of Mashonaland. The Universities' Mission to Central Africa, and the Chota-Nagpur Mission in India also crave help.

The salaries offered vary from £100 to £300 a year. The stations in which they are needed are not always unhealthy, although the demand is naturally greater where disease is most rife. The call "to heal the sick" is as incumbent upon us as to "preach the Gospel" throughout the world. May we not hope that volunteers will come forward for this work?

Men possessing knowledge of medical sanitation and tropical hygiene are specially needed. If our missionary societies could secure the services of one imbued with the spirit and the knowledge of Edmund Parkes, who would see that the mission stations were free from every removable source of danger, and who would select sites for new stations and arrange hospital accommodation for sick natives and convalescent missionaries, many valuable lives annually sacrificed would be preserved.

His Grace the Archbishop of Canterbury has promised to preach for the Guild next year. Every loyal Churchman in the profession should be stirred to do what in him lies to promote the good cause we have at heart.—I am, etc.,

E. SYMES THOMPSON, M.D., F.R.C.P.,  
Cavendish Square, W., Nov. 28th. Provost of the Guild of St. Luke.

### VACCINATION WITH STORED LYMPH.

SIR,—I have no doubt that many of your readers, like myself, have often found vaccine lymph stored in capillary tubes to fail in its effect. I believe the reason of such failure to be this—that when very fine tubes are used and are well filled the heat employed in sealing the ends is conducted along the tubes, and so sterilises the lymph wholly or in part. Whereas, if the tubes were of larger bore and stouter, and contained less lymph, the sealing might be effected without injury to their contents.

As an illustration of the above, I lately obtained two tubes of humanised lymph from the Local Government Board, with which I vaccinated nine children. Half the punctures totally failed, so that I had to vaccinate some of them again; and I attribute it to the fineness of the tubes and to their being filled nearly to the ends.

As lymph so stored must often lead to similar results, we can understand the Board's rooted dislike to anything but arm-to-arm vaccination. At the same time the failure of