

there men in the medical profession who for a little questionable fame attached to a hospital appointment will deny the right of other of their regularly licensed confreres to practice in hospitals as well as outside? Why should a poor man, because he has not enough money to pay for his hospital maintenance, have taken from him the right, which he is entitled to as well as any one else, to choose his own medical attendant in any hospital? There are a great many medical men who do not care for hospital appointments. There are others who will pull out tooth and evulse nail to get them. Is their success in life so dependent upon this disgusting wire-pulling? We trow not. It would be just as great, just as distinguished, just as transcendent, if every physician and every surgeon had the privilege, as it is his right, to follow his patient and treat him in any hospital he liked.

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## Editorial Notes.

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**Communication from Dr. D. W. Cathell.**—Baltimore, Maryland, December 18, 1907. Editors *Maryland Medical Journal*: When one reflects on the ten-thousand-dollar and the one-thousand-dollar and the five-hundred-dollar fees allowed by the new fee table adopted by the Medical and Chirurgical Faculty in May last and published in the December number of the *Journal*, he naturally concludes that such charges are intended to cover either very extraordinary cases or cases occurring in persons noted for their wealth, and we all know that both such classes of cases do occur; but to know that such fees are actually gotten sometimes makes one feel something in his mind and heart akin to envy.

General practitioners also have highly important cases, and as one of them I would mention a non-fee table plan that I often follow, which enables me to obtain a fee that is a little more just to my pocket and to my reputation than it would be oftentimes under the unfair fee table system.

We will now turn to a money subject that is of direct importance to every general practitioner in America.

Looking back fifty or sixty years, we find that neither the amount of practical knowledge then possessed by the average medical practitioner, nor the worth of services based on that knowledge, can at all compare with the wisdom and worth of the average practitioner of medicine to-day, because the great art of medicine itself was then based on much less certain and much less numerous facts than we now possess.