

hardly dignify by the name of statistics, render it at least highly probable that a rate *per annum* can be fixed which would be both satisfactory to the public and remunerative to us.

Now, just a word on the drawbacks of the scheme, though it is probably a subject which might safely be left to those who are to follow me. No doubt the objection which is already uppermost in the minds of most of you is the enormous and unreasonable demands on our time which would be made by some of our patients under this system. . . . In the first place when entering upon the agreement we should give our patients to clearly understand that they were engaging us, not to be simply medicine-carriers, or visit-makers, but to advise them to the very best of our judgment, and that the question of the necessity of the visit must be left largely to our discretion. Then the tenure of our professional position being so much more secure, we shall be able to treat these unreasonable cases on a much more rational basis. . . .

But perhaps the most practicable objection would be based on the probable unwillingness of the laity to pay any sum in advance for services which they

are not even sure they are going to need; but even this objection loses some of its force when we consider the almost innumerable number of lodges, guilds, and benefit associations into which not only the educated, but even the most unintelligent classes are forming themselves for just this kind of mutual protection. When we further consider that scarcely fifty years ago life insurance was regarded as not only absurd and impracticable, but even impious, while now men of every condition are willingly paying from \$10 to \$1,000 a year solely for life insurance, it would scarcely seem improbable that their education up to the point of paying the comparatively trifling sum necessary for "health insurance" would simply be a matter of months or years.

Dr. Hutchinson concludes with some statistics from practitioners ledgers to show an approximation as to what would be a fair remuneration for the different sizes and classes of families to pay to the physician.

This whole question is one which might well be brought before the Canada Medical Association. Indeed we have repeatedly thought of doing so, but deferred it.

HEART DISEASE—A LESSON FROM THE LIFE OF THE LATE EARL OF IDDESLEIGH.

THERE is a very prevalent and abiding horror of heart disease. It is but natural that disease of the great centre and regulator of the circulation of the blood throughout the body should give rise to alarm in one suffering from such disease. Actual disease of the heart is not nearly so common as appearances indicate. In a great majority of the cases in which there is palpitations of the heart, that is unduly violent beating of the organ, and pain in the

region of it, there is no heart disease whatever. Indeed, functional derangement of the organ, as a rule, gives rise to more marked symptoms, such as above named, than actual disease of it.

There is a sort of law of compensation prevailing in the different organs or parts of organs in the body, by which, when any structure fails, from disease or otherwise, other parts, as it were, come to the rescue,—not only adapt themselves to the changed condition