

terialistic and spiritual views of life, and advised all to choose the latter : but said that it entailed a perpetual self-sacrifice—the denying themselves every hour of the day, and every day of their lives. As to difficulties, without those of the body where would man's strength be? Without intellectual difficulties, where knowledge? Without spiritual difficulties, difficulties of faith, where would faith be? Worthless. He rejoiced that no man of competent powers of observation at the present day was an Atheist.

FIFTEEN YEARS AGO, in a paper read before the York County Medical Society, the Editor of this JOURNAL suggested a change in general medical practice, from cure to prevention ; the first suggestion of the kind ever made public it appears in Canada, if not on this continent. Since that time it is gratifying to find many advocates of the plan, and the subject has been brought before many Medical societies in both Europe and America. The public, communities and families, must be educated up to it. Physicians do not like to offer their services in this way ; although they might frequently discuss such a change with their patients. For the physician, if paid a fixed sum yearly for attending families when well, and endeavoring to keep them well, it would be a much pleasanter and easier practice, and he would know what amount of income he could rely upon, which is often a great advantage. To the families so attended it would be an incalculable benefit. The writer attended families in this way more than a quarter of a century ago, and it is most surprising that a general change is not coming about more rapidly. We wonder if this method of medical attendance has been practiced by any of our readers.

TO SPEAK PLAINLY, said Dr. Wilson, president of the Section of Sanitary Science of the Sanitary Congress of Great Britain, in his address at the recent meeting, "there was no disguising the fact that so long as the family medical practitioner continued to be paid to attend only on people when they were ill, and not to conserve the health of the household, there would be a constant drag on public health progress. He earned his living by disease, and so far as he prevented it he was placed in the unfortunate position of being out of pocket. He was, therefore, exposed to the temptation

—a temptation which was happily scorned by the profession generally—that, when called upon to treat cases of preventible disease, whether social, sanitary, of communicable, he need give no warning, nor insist upon any precautions. He did not blame. The fault lay in a system of practice which depended upon the regrettable fact that, in spite of advancing knowledge, public credulity in the power of cure still reigned paramount, while public faith in prevention was practically dormant.

ALL THAT WAS REQUIRED to bring about the change was that the ordinary medical attendant should be paid by an annual stipend or retaining fee, and not according to the number of visits which he might deem it necessary to make during illness. That system was largely followed in India and other places abroad, and no difficulty was experienced in settling what should be the annual fee for professional services rendered in that way. It was true that in this country the same kind of practice prevailed to a certain extent. For example, the proprietors of mines and other large works paid medical men so much a year to attend on their workpeople, while members of sick clubs, friendly societies, provident dispensaries, and paupers were also attended in that way ; but the misfortune was that the great majority of those appointments were scandalously underpaid, because they were regarded by medical men stepping-stones to general practice.

AS TO THE ADVANTAGES of the system of medical providence—of health assurance as it had been called, from a preventive point of view, the medical attendant would inquire into the health history of the household, so that he might take precautions against inherited tendencies, or warn against bad habits, errors in diet and clothing, and the numerous risks to health which were common in daily life. He would interest himself in the sanitary condition of the home and its surroundings, so that any defects might be inquired into and remedied. He would make it his duty to call from time to time without being sent for to see how the different members of the household were going on, and would thus have the opportunity of sometimes detecting ailments in the bud, which if not attended to at once, might lead to serious illness ; and he would take every