Bad Debts

No one can go through his professional life without accumulating a certain proportion of bad debts. Our personal feeling was one of surprise that these were not greater than they were, and it speaks well for the honesty of patients in general that with most of us bad debts are few. Patients of the type of Rawdon Crawley, the arch-exponent of how to live on nothing a year, are always bad debts. Some cases, however, are perfectly genuine instances of the defaulter not having the means to settle his account, owing to financial depression, some sudden calamity or other cause. It might be argued, and with justice, that he should not have chosen that particular moment to consult his oculist. Occasionally the unpaid account is due to sheer laziness and unbusinesslike habits on the part of the recipient. Such people can be brought to book by employing a debt collecting agency or sending a solicitor's letter. But the hard-baked non-payer is usually proof against even these. He does not mean to pay and the only way to make him is to institute legal proceedings. For small sums, such as a single consultation, it is obviously not worth while to go to law. Even if the amount is larger, it is doubtful whether the publicity may not do more harm than good in the long run. Our own view was that these people were not worth powder and shot. In one instance we obtained payment of a long standing account by refusing to see any other member of that family till it was settled. The loss of this type of patient does not hurt one's practice.

The patient who pleads poverty and manages to get his surgeon to accept less than the usual fee for an operation is not quite in the same class as a bad debt. We recall an amusing example of such a case in our early days when we were asked to assist at an operation for cataract. On us devolved the duty of instilling cocaine into the eye of a little rat-like personage, who sat on a chair in the corner, in a state of profound melancholic abstraction. Once or twice he looked up at us with his other eye in which we observed a peculiar twinkle of satisfaction. He was a cheap case and his surgeon had learnt, after the question of fees had been settled, that he was really quite well off. This must have been the cause of his twinkle of satisfaction. "I've done you fellows in the eye and am going through with it" was what we imagined it conveyed.

Of other bad debts we remember a young man who had a small corneal abrasion following injury from a tennis ball. He was shocked out of all proportion to the extent of his injury, and we had to provide him with a whisky and soda as well as the appropriate local
treatment. We never saw him again and he never paid his fee and got away with more than one expects to do when visiting a professional man.

Amicum perdere est damnorum maximum

The Latin tag which forms our heading says that to lose a friend is the greatest of losses. Among a professional man's oldest friends are the tools of his daily work. The ophthalmoscope one has used for many years is a very old friend indeed and it behoves us to take care of it. We well remember the annoyance of a friend of ours at the loss of the ophthalmoscope he always used. It was a Frost's model and had seen much service. He was going home one afternoon after the out-patient work at hospital was over, and he travelled on the top of a bus. The ophthalmoscope was carried in the tail pocket of his morning coat. Some miscreant picked his pocket and he arrived home without his ophthalmoscope. It was a grievous blow, and it took him some time to get used to a substitute. The moral of this story is that you should carry your tools either in an attaché case or in some pocket not so easily picked as one in your coat tails, if anyone ever wears a morning coat nowadays. Mr. William Lang always carried his ophthalmoscope loose, in sections, in his waistcoat pocket and we never heard of his losing it. The other alternative is to eschew travelling on bus tops.

BOOK NOTICES


The fourth volume of the British Orthoptic Journal maintains the high standard set by its predecessors.

It opens with an editorial note describing certain innovations in the Journal, such as the invitation to ophthalmic surgeons and to orthoptists overseas to contribute articles and it closes with lists of successful candidates in the 1947 examinations and of the various orthoptic training schools. The body of the Journal is made up of some twenty-eight separate papers written by ophthalmic surgeons and orthoptists, a copy of the general and of the detailed syllabus for orthoptic students and an account of the activities of the British Orthoptic Society and of its branches.

The papers are remarkable for their general excellence and for the variety of subjects with which they deal, e.g., "are orthoptics really