

## THE PRESENT PROSPECTS OF THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—When Dr. Forbes-Ross tells us that the plan of fee-sharing which he has described is not dichotomy but that it is a “computed compound payment of two men for doing two men’s work honestly,” he appears not to understand what is meant by this word, which after all signifies only the division of fees between the consultant or operator and the family practitioner; any evil significance attaching to it is the result of the unwholesome manner in which this division works. But as he objects to call it dichotomy I have no objection to put it into plain English and call it bribery; it is a bribe offered by the consultant or operating surgeon to the family practitioner.

A slight modification of Dr. Forbes-Ross’s plan will benefit the family practitioner in a perfectly unobjectionable manner. Instead of saying as he does, “Tell your patient that for the sum mentioned you and I will do what is necessary, operation and after-treatment,” let him say: “Tell your patient that the fee will be so much for me, the operator, and so much for you, the family practitioner,” and if the patient agrees to pay this would be a perfectly honest and fair transaction. Under Dr. Forbes-Ross’s plan, however, the division of the fee is concealed from the patient and therefore is a corrupt payment, such as the Prevention of Corruption Act was passed to prevent. Dr. Forbes-Ross asks: “How can justice mean dishonour? How can anything that can be advocated as justice to a section of the community bring dishonour to the entire community?” The answer is obvious. It is quite easy to call a bad thing by a fine-sounding name; for an example we need to go no further than the Bill recently introduced into Parliament for the relief of the unemployed, which was advocated as justice to one class, but rejected as likely to cause injustice to the commonwealth and injury to the entire class that lives by labour.

I am, Sir, yours faithfully,

Birmingham, March 16th, 1908.

ROBERT SAUNDBY.

To the Editor of THE LANCET.

SIR,—As the opener in the discussion may I summarise three of the letters in reply to “Inspector-General’s” letter of Jan. 25th? There is evidently a great sore among the rank and file of the profession; in fact, the letters point out the need of much reform. Of the 20 specialties or so I will lead off with the highest, “the specialty of all specialties,” namely, lunacy practice, the bugbear of medicine. It is a specialty entirely by itself, learnt distinctly in special institutions for the purpose, and no one would dare to say he was qualified in lunacy unless he had spent some considerable time in a hospital for the insane. How many men in general practice can enter a private asylum to take command? And what a comparatively small proportion of general practitioners the Commissioners in Lunacy would sanction to the senior medical officership of a public asylum? Let me point out, too, Sir, to the general practitioner the sins he often commits against this specialty, frustrating and abusing the law of the land.

I bring these remarks to the fore because I imagine the opposers of specialism will grant “lunacy” a place by itself. Take another specialty which has increased tremendously of late years—odontology. No wonder a certain class of men enter this branch, for quite a harvest is to be made from it; and why? Because the profession has hitherto laughed it to scorn. It is now practically divorced from general medicine and surgery and left in the hands of half-qualified professional men holding just that degree to practise their specialty and no other—viz., L.D.S. Fancy a similar degree for other specialties like the eye, the ear, the throat, the abdomen, and so on. Of course, there are the D.P.H. and the M.P.C. (medico-psychological certificate) and I daresay in a few years there will be several more. Mr. T. Bryant in his excellent practical book on surgery points out the advantages of dental surgery to the general practitioner, for he remarks, “Without such knowledge he will be unable to advise his patients on the preservation of their health.” I quote a case or example of gross ignorance. A woman was sent to a London hospital for malignant disease of the jaw and the surgeon was prepared to operate. When he arrived at the hospital the junior house surgeon said, “Please, sir, it is a mistake; it is, however, a dirty offensive smelling case and

the mouth is partly closed, but I think it’s only a tooth case.” To be brief, the decayed tooth and a large piece of necrosed bone came away with the dental forceps. The cachexia and wasting soon passed off and the patient moved her jaws as freely as ever again. A little longer and the patient would have died from blood-poisoning. Now you see the usefulness of the L.D.S. And such special training might, to very great advantage, be applied to the former specialty, lunacy. I maintain what is the recognised thing for the private asylum having to pay a licence to the State should be the same for single case lunatics or the housing of any form of borderland cases of insanity. The detention of the borderland patient is for gain; and look at the risks of abuse where no Commissioners in Lunacy or visiting magistrates can legally enter the premises unless on suspicion. The public are aware of this and so are they who house these patients, sometimes at their own risk. But although the public wink the other eye with regard to the specialty of lunacy it is otherwise with dental surgery. If there is an L.D.S. at hand they always prefer him to extract their teeth than even their own family medical adviser, whom they otherwise respect, for experience has taught them how often he bungles at the job.

We can rapidly pass over other specialties, such as the ear, the skin, the throat, the nose, not least the eye, bacteriology, skiagraphy, public health, &c., with which general practitioners are superficially acquainted. I could quote from all these branches gross ignorance among the rank and file of the profession, almost as much as with the specialty of dentistry. How many of us, too, are sufficiently acquainted with or skilled in pathology, enabling the report of a P.M. to be of solid value? Again, what proportion of general practitioners can grasp some of those obscure gynæcological cases unassisted by the specialist? Moreover, are there a large number of men who have served a fixed time at children’s hospitals or filled the post of resident medical officer outside their school of medicine? There are those who despise assistantships, when if they did fulfil such posts under a good general practitioner they would considerably improve in polish and medical knowledge. Are not general practitioners the medical advisers of the public? I have purposely dealt with specialism since that very excellent practitioner “Half-and-Half” in the issue of Feb. 8th remarks, “Let those who do not know their work properly, learn it.” I wish it could be so, but it is hard to begin again—i.e., to go back to the alphabet of your hospital school days. I argue, why on earth were these men ever let loose among us? It is equally hard for men on the same equality with “Half-and-Half” to have to face these men in practice.

To give “Half-and-Half” further support let me put it direct to the 11 schools of medicine in London (for instance) and to the Royal Colleges of Physicians and Surgeons, to the Apothecaries’ Hall, and not least the London University, the following: Be it understood, a candidate may part enter for his final examination but he will not receive his diploma to practise until he lodges a certificate stating that he has actually held office for at least three months on each specialty of the profession. He will have then about 20 certificates to hand in, and each to be in duplicate, one of which he is possessed of. It is obvious the curriculum will have to be extended and I do not think eight years too long with present-day requirements. How on earth can a man be capable of advising under that period? When we get some such uniformity—well-seasoned troops shall I call them—not only, I believe, will jealousy and rivalry lessen, but empiricists, gross advertisers of our drugs, and other weapons will cease sniping at us under the flag of a united profession.

In the issue of Feb. 22nd I agree with Dr. F. W. Forbes-Ross in his definition of the specialist; and to borrow from him in a musical style, “he who is well acquainted with all the instruments of the orchestra but concentrates his attention on one particular instrument to perfection.” And this is my ideal specialist and I only know of him in London from one of the 11 schools of medicine. I never think of sending anyone to the great metropolis for a special opinion unless the Medical Directory tells me the specialist is on the staff of one of these eleven schools. But if all would do this—I mean the general practitioners—they would soon repair their broken masts, and their ships rapidly pass into smoother seas.

And regarding Mr. Walter Carter’s queries, What constitutes a consultant, and to what fees is he entitled? any doctor may be a consultant of a kind, but if he wishes for the

pure consultant he must inquire from his family medical adviser; this is strict etiquette. The pure consultant is he attached to the staff of one of the 11 London teaching schools of medicine. Or it may apply to Edinburgh, Dublin, or any city of the United Kingdom or Great Britain beyond the Seas where there are also teaching schools of medicine. His fee is usually £2 2s. or £3 3s. at his house in Harley-street or Cavendish-square or elsewhere. How often are discussions of this kind brought forward and the iron kindled to red heat and then allowed to cool. Cannot something, however, on this occasion be done to prove the exception to the usual termination of such discussions? Something really tangible to lead to fruit by waking up the apathy of those who have had their day, yet sit in the highest chamber of the profession in idle contentment of worn-out rules and college regulations?

I am, Sir, yours faithfully,

Feb. 24th, 1908.

VIRTUTEM SEQUOR.

### WEST AFRICAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I have heard from two sources that my name has appeared in your paper as having resigned, or been retired from, the colonial service. Will you please have this contradicted at once. I have neither resigned nor been retired. On the 28th inst. I return to my duties in West Africa.

I am, Sir, yours faithfully,

March 17th, 1908.

CHAS. R. CHICHESTER.

\* \* We insert Dr. Chichester's letter with pleasure. The notice of his retirement, which we published in THE LANCET of Feb. 8th, p. 473, was sent to us in an official document from the Colonial Office dated Jan. 24th.—ED. L.

### "AN OFFENCE UNDER THE LUNACY ACT, 1890."

To the Editor of THE LANCET.

SIR,—I notice that you only give in your issue relating to this case the statements of the prosecution. There was no question of "suggested defence of ignorance." I maintain that on Feb. 26th, 1907, Ethel May Davies was, in my opinion, not a certifiable lunatic according to the Act. When I saw her two days after this her condition had changed and at my request the person in charge communicated with the mother of patient to that effect, instructing her to place the case in an asylum. No attention was paid, and I here emphatically state that all my responsibility ceased. I did not see the patient for six weeks after this time.

The reason I was found guilty of a "technical breach of the law" is as follows. The original summons was for aiding and abetting and procuring some one to take care of, in an unlicensed house, an alleged lunatic. When the prosecutors became aware that I had a complete answer to such a charge by doing my best to get the Act complied with by the mother the summons was amended and made "continuous"—in other words, the fact that the patient *ultimately* became insane and remained in the home to which I advised her being placed made me responsible of a "technical breach of the lunacy law." It was not a question of ignorance, as I do not admit this in any way, and I must ask you to contradict this. As I was informed at the commencement of the case as to the decision on this technical point there was absolutely no use in any defence being set up. The case was decided *ex parte*; my evidence would have shown conclusively that the patient was not insane on Feb. 26th, 1907, that the lady who had care of the case did not make the statements which are alleged against her and to which great prominence is given in your issue. That she held the highest testimonials from official visitors as to her capability to take care of patients, having held the position of committee of several Chancery patients. Also the fact that from first to last I had no interest in the patient or home in any way financially and never received, directly or indirectly, any payment, gratuitous services being given.

I am, Sir, yours faithfully,

Burwood-place, W., March 18th, 1908.

FORBES WINSLOW.

### THE VENTILATION OF THE HOUSE OF COMMONS AND INFLUENZA.

To the Editor of THE LANCET.

SIR,—I have read the article in THE LANCET of Feb. 29th, p. 652, upon the above important question, and also have in mind complaints of the bad condition of the atmosphere of other buildings—the Law Courts, Old Bailey, &c.—by all who have to be in these buildings, even for a part of the day only, and these complaints and your very practical remarks confirm an opinion I have long held, in that all the systems that have up to the present been adopted fail because they are not sufficiently automatic, so that when the atmosphere becomes unpleasant it shall be quickly purified without causing a reverse, the result of which is often as bad as, or worse than, the cause of the original, and the incoming air is injected with too much force, or too hot, or too cold.

Of course, one has to consider constructional difficulties engineers have to encounter, especially from the architectural point of view; it ought not, however, to be impossible to ventilate buildings by a system such as I venture to suggest. In my humble opinion the remedy will never be accomplished all the time reliance is made upon velocity or quantity of air injected or ejected. With respect to your query could the House meet in the open air, I think members would suffer almost as badly when the atmosphere was abnormal either way if they occupied the area of paved ground.

I am, Sir, yours faithfully,

Ebury-street, London, S.W., March 10th, 1908. D. T. BOSTEL.

### THE CRITIC ON THE HEARTH.

To the Editor of THE LANCET.

SIR,—A movement is being organised in London with the object of persuading urban authorities throughout the kingdom to penalise the emission of smoke from domestic as well as industrial chimneys. The use of smokeless fuel is already enforced in New York and nearly all the great cities of America. The adoption of a similar regulation in this country, although long desired by sanitary reformers, has been prevented hitherto by the Englishman's devotion to the open hearth. It is urged that this obstacle has now been overcome not only by the improvements in gas and electric fires both for cooking and heating, but by the successful adaptation of open grates to the smokeless consumption of anthracite and other varieties of hard coal, and by the introduction of coalite, a fuel consisting of soft coal purged of the products which ordinarily hinder combustion and pass up the chimney as smoke.

Mr. Ollis, chief officer of the public control committee of the London County Council, in a report which he has just submitted to that body, says: "If it is not practicable to wean the Englishman from his love of the open fire, it does appear possible for him to be supplied with a fuel ..... the use of which will not foul the atmosphere." It is probable that the Council will take some steps in the direction of encouraging the use of smokeless fuels in domestic grates, but a number of sanitary reformers are pleading for a compulsory ordinance which, they aver, could now be enforced to the great benefit alike of the urban community and the individual consumer; and to this end a vigorous campaign is to be undertaken in London and the other great cities of the kingdom.

I am, Sir, yours faithfully,

March 9th, 1908.

M.D.

### SMALL-POX AND DISINFECTION ON BOARD SHIP.

To the Editor of THE LANCET.

SIR,—An epidemic of small-pox occurred recently on a ship of which I happened to be medical officer. We were detained for some days at the quarantine station and during this time the whole boat was very thoroughly disinfected with formaldehyde. Can you or any of your readers refer me to articles or records of experiments which indicate the value of this agent used in such circumstances? I am led to ask because of the following somewhat curious fact. The ship was infested with large numbers of cockroaches (not the ordinary one seen in our kitchens but a smaller,