for them free of charge under those Acts; however, such cases can be multiplied indefinitely where people consider it more desirable to employ a handy-woman who remains in residence during the lying-in period, and washes and housekeeps for the household, while the unremunerated dispensary doctor is compelled to take over the work, and also the opprobrium of the untrained midwives' too-frequently fatal mistakes.

Where in the bill are we empowered to expel untrained women from the charge of a "Poor Law emergency case" and substitute our trained nurse? No such provision is made. Is the Local Government Board prepared to publish a rule empowering us, if summoned on a red ticket, to refuse to take up a case where the patient or her husband refuses the attendance of the midwife provided under the Medical Charities Acts? Should they insist on retaining the services of the untrained nurse, must the dispensary medical officer continue in attendance though specifically excluded from obtaining any remuneration by the Irish Midwives Bill?

As to what the Midwives Board might do under Clause 5 (10) we are perfectly indifferent, as we take nothing for granted.

Personally I believe the handy-woman should be suspended at once wherever she is found at work, but since the House of Commons is so particular about vested interests—even those prejudicial to human welfare—as not to intervene directly and abolish them even under such circumstances, I would suggest it would be much cheaper in this country—apart from public safety and advantage—to pension handy women than to incur the cost of giving effect to the proposals of this bill. However, that aspect of the matter does not immediately arise, and is one more for county councils.—I am, etc.,

Ardinnan, co. Tipperary, Nov. 26th.

J. POWER, M.B.

HOW IS THE EARLY DIAGNOSIS OF PULMONARY TUBERCULOSIS TO BE MADE?

SIR,—With much of Dr. Garvie's letter on this subject I am in complete sympathy. I think, however, the criticism on Dr. Sutherland's memorandum is too severe, and, in the circumstances, unjust. This memorandum was drawn up by Dr. Sutherland not on his own initiative, but in response to the request of a subcommittee representing the Manchester Insurance and Medical Committees. This subcommittee, I think, felt that, with a little more care on the part of some practitioners, some cases of pulmonary tuberculosis might be notified at an earlier stage. It was with the object of directing attention to, and securing earlier notification of, these comparatively advanced cases that this memorandum was issued. If it had been a question of the diagnosis of incipient cases only, the memorandum would have been largely irrelevant.

Though I personally had occasion to dissent from one or two of Dr. Sutherland's conclusions, I quite concurred with the feeling of my colleagues that Dr. Sutherland had secured the immediate object in view, and that he had accomplished a difficult and somewhat invidious task satisfactorily. It is open to question whether such earlier notification as we had in view would be of any great value to the individual patient. But notification gives the M.O.H. a chance of dealing with insanitary conditions; it may be useful for statistical purposes; it may result occasionally in the recognition of cases which would otherwise escape detection at the moment; it is now a legal obligation. It was therefore desirable to secure notification before some of these patients were moribund or dead.

Of course, it must be obvious to any one with experience of this disease that what is wanted is the earliest possible recognition of incipient cases. But at present that is a matter of extreme difficulty. If all cases were recognized and treated before gross lesions had developed, it appears certain that much better results would be shown; but there can be no doubt that in such improved results there would then appear many cases which would have recovered in any circumstances, without recognition and without treatment. What one feels to be uncertain is whether we have any treatment which can be relied on really to control, to any great extent, the natural course of events. Rest and change of air are no doubt factors of considerable practical importance, but something more is wanted in order to satisfy ideal therapeutic requirements.

I venture to suggest that for the present the efficiency of institutions for the treatment of pulmonary tuberculosis be estimated rather by their contributions to our knowledge of the numerous complex problems of diagnosis and immunity, than by statistics of "cures" which may be entirely misleading. If such a standard were set up, more money might be invested before long in research by public authorities anxious to make some headway towards a solution of the tuberculosis problem; and there might also be less disposition on the part of certain tuberculosis experts to shift all the blame for comparative failure on to the shoulders of the long-suffering general practitioner.—I am, etc.,

Manchester, Nov. 26th.

J. STAVELEY DICK.

SIR,—In your last issue Dr. Garvie has a letter in which he criticizes sanatorium benefit as administered in his own area; and apparently objects to a memorandum by Dr. Sutherland. In view of this letter, I think your readers should be informed that this memorandum was drawn up by Dr. Sutherland at the request of the Manchester Panel Committee, was discussed with them clause by clause, and finally issued by the Local Medical and Panel Committee to all practitioners in Manchester.

The reasons for this step were too many to trouble your readers with, but the chief was that the Insurance Committee had become convinced that the co-operation of practitioners was essential to any scheme for dealing with tuberculosis, and asked for the assistance of the Panel Committee to obtain this. The Panel Committee found that the ideas of practitioners about the early diagnosis of phthisis were so conflicting that they thought it wise to have an up-to-date statement by the local expert on the subject as a guide.

I am not in any way traversing Dr. Garvie's opinions, but wish to make it clear that his criticisms of Dr. Sutherland's pamphlet must be at least shared, if not entirely borne, by the Manchester Panel Committee.—I am, etc.,

R. G. MCGOWAN,

Honorary Secretary, Manchester Panel Committee.

Manchester, Nov. 26th.

LAY RADIOGRAPHERS AND ELECTRICIANS.

SIR,—“Electro-therapist” does well to urge the Medico-Political Committee to consider the question of laymen in medical electricity. As one of the medical men whom he censures for supporting a lay body in granting certificates to lay people I can the more keenly invite this investigation. His criticism of our own efforts is easily met. The general public and the mass of the medical profession are both absolutely indifferent in the matter of qualification to carry out electro-therapy. The latter are more to blame, for their medical training should have taught them wisdom. These lay bodies are censured for having been more intelligent and conscientious than the profession, and for endeavouring to supply people with some training to carry out this work, for which the war makes so great a demand. In teaching or examining these people we are under no delusion that they are perfect, but we do feel that their training affords to the patients some protection from the doctor who merely orders “electricity,” or “ionization, but on no account to use the galvanic current.” These certificate holders are quite capable, *under skilled medical control*, of safely and effectively carrying out the ordinary treatments of which some thousands are given every day in the military hospitals. It is obvious that in the present state of the medical profession in this country it would be an absolute impossibility to find a sufficient number of medical men qualified in this speciality to do the routine work. On the other hand, many doctors do not hesitate to leave the prescription of electric treatment to the masseuse and do not trouble to inquire if she has any knowledge of this subject.

Let the Medico-Political Committee get to work as soon as may be, and let it see to it that medical men no longer call for prescriptions of electric treatment or for investigations of electrical reactions by unqualified people.

If the mass of the profession can be prevailed upon to act professionally, there will be no “detriment to the public and the profession,” and that is, after all, the aim of those who assist in the granting of these certificates.—I am, etc.,

November 21st.

ELECTRO-THERAPIST.