Correspondence.

"Audi alteram partem."

THE APPROPRIATION OF PATIENTS BY CONSULTANTS.

To the Editor of The Lancet.

Sir,—I read with interest in your issue of July 10th the letter of my friend Mr. Henry Kesteven and your remarks upon the subject of "Consultants v. General Practitioners." Isolated examples of the injustice of which Mr. Kesteven complains are unfortunately so common that there are few general practitioners who will not be able from bitter experience fully to endorse all he has said. The evil is an undoubted one; the causes and the remedy are not so clear. Both Mr. Kesteven's letter and your leading article contain, I think, indications of, at any rate, one of the class of "consultants" was largely recruited from the successful general practitioners. Having passed through practically the ancient rule which bids us do to others as we would they should do to us. Of this class there are unhappy still many bright examples left us, but I fear they are fast disappearing, and a new and improved (?) order of men are taking their place. The consultant of the present day belongs as a rule, and especially in London, to a separate caste; his very existence depends upon his holding hospital appointments, and his whole professional training is directed towards obtaining the qualifications necessary to comply with the regulations under which such appointments are held. As a consequence, comparatively few modern consultants have passed through the salutary ordeal of general practice, and that fine feeling of sympathy is to a great extent blunted, or even lost, and that through no fault of the individual, but of the system.

An improvement in the relations at present existing between consultants and general practitioners would, I am sure, soon be observable, were some means found to induce the most able and most successful general practitioners to join the upper ranks of the profession as consultants. For the last few years the tendency has been to exclude them. Hospital and other appointments—the essentials of a modern consultant—are awarded not only for merit and professional skill, but also because the aspirant can place after his name certain cabalistic signs unobtainable by the general practitioner as such. We are now beginning to feel the result of such exclusiveness, and are suffering as a profession as much from the "war of class against class" as the political world.

I am, Sir, yours truly,

J. FREDK. W. SILK.


To the Editor of The Lancet.

Sir,—In your issue of July 10th I read a letter from Mr. Kesteven, and a leader by yourself, on that ever-recurring question—the relationship of the specialist to the generalist. One cannot but sympathise with Mr. Kesteven on his having been the victim of ingratitude at the hands of those to whom he referred his patients; but perhaps he has not allowed quite enough for the operation of that force to which he calls attention—namely, the mendacity of the medium between the consultant and the practitioner—viz., the patient. A plausible explanation would occupy too much of a busy physician's time to verify or disprove, and so, in the push and bustle of work, a patient is examined and the fee pocketed without much thought being given to the original source of the income—viz, the family practitioner. To one who draws his livelihood from a circumscripted locality the loss of even one patient is no trifle. For how many patients does one lose in this way? From a sufficiently large experience of general practice, I think I may say not many. The key of the situation lies, not in the conduct of the consultant, but in the confidence of the patient, and it is only by the general practitioner gaining in an ever-increasing degree this confidence that he can hope to compete successfully with the consultant. Relieved of responsibility in critical situations, the family practitioner has in some instances become inefficient to meet the crisis, from a long habit of thinking that the one case Mr. A. or Dr. B. can be sent for; others, anxious and quite possibly able to act efficiently, the tradition of his class being unable to cope with difficult cases, withheld that public confidence which confers at once responsibility and status, and conduces to efficiency on the part of the practitioner. In the words of our immortal poet, "It is not in our stars, but in ourselves, that we are underlings," and the remedy of the situation appears to me to lie in the generalized practical word by word and deed his absolute equality with any other section of the profession, rather than by his desiring a perpetual protection from the consultant.

I am, Sir, yours obediently,

Green Lanes, N., July, 1886.

ALEXANDER MORISON, M.D.

SPINA BIFIDA CASES.

To the Editor of The Lancet.

Sir,—Since my last communication to you on this subject, I have operated upon other two cases, one of these on June 10th, which is now contracted and safe, the other only yesterday (July 8th), the result of which cannot be known for two or three weeks. Yesterday also the following letter reached me from Rio de Janeiro, Brazil, dated June 10th, 1886:

"Dear Sir,—In The Lancet of May 8th, I note your letter with reference to the cure of spina bifida by means of the iodo-glycerine fluid. I beg to place at your disposal the following notes of a successful case I had, which was treated solely by your method: Henriquex X. — Born March 4th, 1885, with a lumbar spina bifida, about the size of a half orange. A strong well-made child, with no other deformity. On March 12th, tumour in statu quo. I tapped it with a fine trocar and cannula, and drew off about two drachmas of fluid, and then injected about half a drachm of the fluid containing ten grains of iodine and thirty of iodide of potassium to one ounce of glycerine. On withdrawing the cannula I sealed up the puncture with collodion. No injurious effect followed. One week after the operation was repeated, and likewise a third time. After each operation the coverings became more thickened and corrugated, until a foot-month after the third tapping no trace of fluid was present, and the tumour began to subside and contract. By the fourth week no trace of tumour was to be found, and at the end of the first month it was no longer possible to feel the dim outline of the organ. After a lapse of fifteen months it is still further diminished in size, and the child is as plump and lively as possible, showing no sign of weakness anywhere. I regret that my experience of such cases is limited to this case only, but observing your letter above mentioned, and especially the quotation from the Dublin Medical Journal, I consider it my duty to inform you of this, another case, in which your method has proved eminently successful.

"Believe me, dear Sir, yours very sincerely,

(Signed) "W. LOUDON STRAIN, M.B., M.G.LAS.

Late Resident Assistant, Glasgow Western Infirmary."

"James Morton, M.D.

Glasgow, July 9th, 1886.

JAMES MORTON.

THE CHARTERHOUSE SCHOOL.

To the Editor of The Lancet.

Sir,—The correspondence in The Times during the past week respecting diphtheria at the Charterhouse School cannot fail to greatly interest the medical profession. A great deal of an unpleasant nature has come to the surface, but, judging from Mr. Carritt's letter in Wednesday's Times, much more lies behind yet undiscovered, which he promises to disclose if the governors of the Charterhouse School will hold an inquiry into the matter. So far as we can now judge, when the boys were going home for their exeat on June 26th, Mr. Carritt was told that measles existed in the school, and was asked if his son might come..."