

Correspondence.

"Audi alteram partem."

TUBERCULOSIS PREVENTION (IRELAND) BILL.

To the Editor of THE LANCET.

SIR,—The present position of the Tuberculosis Prevention (Ireland) Bill is a very interesting one and those who, like myself, have spent a lifetime in helping to check the ravages of the "white scourge" see in it the one hope of saving future generations from the "wasting death." To the Countess of Aberdeen, whose brains and energy evolved the Women's National Health Association of Ireland, and whose influence has gone a very long way in shaping this Bill, which will, I believe, bring about the health regeneration of the country, rich and poor alike owe a ceaseless debt of gratitude. She has made practicable in a few months what many of us thought could never be more than a golden dream.

The one exception taken to the provisions of the Bill is to the proposal to make notification of all stages of the disease compulsory. The fear has been expressed that, if this provision be enacted, in so far at least as the large industrial centres are concerned it will prove disastrous and result in those who are the subjects of notification being shunned by their fellow-workers and treated as lepers. Those who hold this view cannot have observed the effect of compulsory notification elsewhere, and there is no ground for presuming that in Ireland the results will have any but the same effect. On the continent and in America compulsory notification has not resulted in the ostracising of the sufferers nor will it in Ireland. At this moment thousands are perfectly well known to their fellow employees to be in the grip of the disease, and many of them in the advanced stage of it, yet there is nothing of this extreme kind of repulsion. The mills and factories of Belfast have hundreds of such instances. So far from compulsory notification effecting any such purpose it is certain to act in the contrary way because it will give confidence to all who are aware of it that skilled steps are being taken to eliminate the disease. The real value of such a provision in the Bill is that it will enable health authorities to combat the disease in every individual case in the early stages when a cure is possible and not afterwards when it has almost run its course and the effort at rescue is hopeless. This form of disease is totally different from one that is highly contagious and virulent, such as small-pox, from which the scare theory would be perfectly deducible. I state my solemn conviction after 31 years' practice as a medical man, if the compulsory notification clause be eliminated the thing of all others essential in stamping out the disease will have been lost. We all appreciate the humane motives which influence those who oppose the clause, but the opinion of those best able to judge is entirely against them, and it is significant that from the working-classes themselves there has not come so much as one word of objection, for they recognise that this is in their highest interests. This is no time for squeamish considerations; 11,000 lives are annually sacrificed which can be, and must be, saved in future years; the more vigorous the measures now the more quickly will it be achieved. Weak measures in the face of such a position is wholesale and culpable homicide. Let us have a medical officer of health of every county to enforce rigidly the provisions of the Act and let the county councils, individually and collectively, provide sanatoriums for the treatment of advanced cases and likewise means of instruction as to how to check the disease in early cases. It is no light work that is to be undertaken. Half measures will never stop the long procession of consumptives that marches annually to our cemeteries. Even if it involves some little temporary social inconvenience every victim would suffer it, knowing that his life is at stake. I hope the Bill in its entirety will be pressed forward and passed as soon as possible.

I am, Sir, yours faithfully,

HENRY O'NEILL, M.D. R.U.I., J.P.

Belfast, Nov. 3rd, 1908.

THE POSITION OF MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

To the Editor of THE LANCET.

SIR,—In your columns and in the annual report of the Royal College of Surgeons of England there are increasing symptoms of unrest as to the comparative positions of graduates and diplomates. The Irish College appeals for support in its fight for existence against University predominance. The English College, if it persists in its present half-hearted treatment of the professional position of its corporate Members, and in its neglect of their just claim to some share of representation in the management of their own College, may before long be in the same parlous plight. While admitting the academic distinction of the Fellows the Members are entitled to claim their place as qualified surgeons entitled to do such work as lies in them without invidious distinctions. How can they fight under present conditions for the good name of their *alma mater* against the prejudiced preference of the more ignorant portion of the British public for degrees—no matter whence they come? Under pressure certain concessions have been made. More must follow, and our College must cease to treat us as "outlanders."

When this question is settled on a fair basis the solution of such problems as the equalisation of title or the correct academic costume of diplomates will be solved without too great a tax on human ingenuity. To one who can date his qualification over 30 years ago these are not vital issues, but the future of the Royal College is no personal matter. I like to think of my College, Fellows and Members included, as the pioneer in surgical science and practice, and if that position is to be maintained and the prosperity of the past to continue students must not be driven to provincial schools and the life-blood of the College drained away by neglect of the general interests and position of the Members.

I am, Sir, yours faithfully,

Loughborough, Oct. 31st, 1908. J. B. PIKE, M.R.C.S. Eng.

THE GENERAL PRACTITIONER OF THE FUTURE.

To the Editor of THE LANCET.

SIR,—I should like to raise a question in your paper as to the rightful position of the general practitioner towards his patients in order to secure their best interests. In our large hospitals a patient is thoroughly overhauled. If he has anything wrong with his eyes he is referred to the eye department, or skin to the skin department, for their opinion and advice. A patient may thus be in a medical ward and also be attending one or two or even more special departments. This I consider is to the highest interest of the patient, because there is no man living who can compete with the various specialists in their own departments. The public, too, has already begun to recognise such specialists as the dentist and the oculist.

It seems to me that the time will come when there will be fewer general practitioners—nearly every medical man will be a specialist in one or more subjects; he will be merely an agent to overhaul his patient and to pass him on to one or more specialists for treatment; he will, in fact, be a species of receiving-room officer. At present I do not see how the general practitioner, should he do this, is going to get his bread and butter. In the first place, his patients will think he knows nothing and will go to see specialists for themselves direct; and, secondly, he will not really have done very much for them in the way of treatment for which to charge fees. The only alternative is that he should get a commission from the specialist to whom he has referred patients, and this would probably be repugnant to members of the profession. The present method of holding consultations is really too extravagant a way of spending a patient's money in return for the least efficiency in the way of treatment.

I picture the day when in a small town, say, like Oxford, there will be the dentist, oculist, ear, nose, and throat specialist, anæsthetist, skin specialist, &c., according to the demand, and one or two general practitioners who will sit in an office and simply make a preliminary investigation