

or less (certainly less as compared with hospitals) efficient nursing homes. The position of those of moderate means is even worse. They have to put up with the same unfavourable conditions, and in addition have to pay more than they can well afford—or as an alternative submit to free treatment in an ordinary hospital, with the result that a purely charitable institution is abused.

The remedy, I submit, lies in the provision of paying wards at hospitals. Sir Bertrand Dawson refers to this in his scheme. He says, "No doubt paying wards would grow up in proximity to the public-provided hospitals," and, again, "Without doubt private hospital wards should be established by co-operation or otherwise." The fees charged in these paying wards would be on a sliding scale according to the accommodation (open ward, cubicle, or private room), and would be arranged to meet the cases of all those with an income above a certain limit to be fixed. Thus, at one sweep, a large part of present hospital abuse would be removed, and provision would be made for all, rich and poor alike, to obtain operative treatment under the best auspices.

In conclusion, let me write down in tabular form how the various parties concerned would be affected by the proposal:

The patient would obtain operative treatment done as it should be with a minimum of risk to himself. (How many medical men would consent to have their own abdomens opened except in a proper theatre?)

The hospitals would make money on the higher priced beds. They would make money indirectly on the lower, for most of the patients who occupied them would under the present régime pay nothing at all.

The surgeon would be able to do himself justice, and would be saved an immensity of anxiety and fatigue. He would, moreover, obtain some remuneration for operation on certain patients who have hitherto been treated gratuitously.

—I am, etc.,

Reading, July 16th.

W. BERNARD SECRETAN.

SIR,—You publish in your issue of July 20th two letters couched in almost identical terms, appealing for consideration of the vested interests of the general practitioner. From their tone it is evident that the authors recognize the inevitability of further interference by the State in general practice; and with this in view, it is their hope that the British Medical Association will succeed in defending the practitioner from the manifold and great dangers which beset him. Dr. Matthews, however, betrays anxiety as to the effectiveness of the British Medical Association as a shield and buckler, and though he abominates the "methods" of the Panel Medico-Political Union, he thinks the former needs gingering up with some of the "fighting material" of the latter. Now, it is here that I desire to join issue with him. I also am a loyal member of the British Medical Association, and it is my earnest desire to see it continue to flourish as the chief scientific body, binding together all ranks and sections of the medical profession into one coherent whole. But I am also a member of the council of the Panel Medico-Political Union, and in that capacity I ask Dr. Matthews to explain how he reconciles his abomination of our methods with his admiration of our fighting material. It is not in fighting material that the Panel Medico-Political Union excels the British Medical Association as a medico-political organization. Let us be frank; it is simply and solely because the Panel Medico-Political Union is a medical trade union, whereas the British Medical Association is debarred by its own Articles of Association from either becoming a trade union or taking action like a trade union. So long as this disability exists (and not only does it appear extremely unlikely to be removed, but probably a majority of the members of the British Medical Association, of whom I should certainly be one, would stoutly resist any attempt to remove it), so long is the British Medical Association incapable of making use of the one weapon wherewith the medical profession can be adequately protected against shameful exploitation by other more efficiently organized interests in the State.—I am, etc.,

York, July 20th.

J. C. LYTH.

SIR,—I returned a month ago from many years' practice abroad. Circumstances compelled me to seek a living at once. I found that the position for a man who has no practice but has good health and is under 56 is as follows: He

cannot enter private practice lest he be "called up" and lose his investment; if "called up," he is not offered a living wage; if he seeks a war job, a living wage is again denied him. If this position is the unavoidable result of the war, no more is to be said. Such men must send their children to the board school, tighten the family belt, and accept a fall in the social scale. But is it? Is it not the result of the division in our profession, which forced our leaders in spite of the rising cost of living, to pledge us all by contract at the value of the newly qualified unmarried and inexperienced?

I am told our divisions are hopeless, our leaders untrustworthy, our representatives in Government too self-interested. I do not believe a word of it. I believe only what I see—the apathy of the rank and file—and I appeal to them. The past month has satisfied me that we have strong men in high places, some of them so-called "discoveries" of the war; we have strong men at the head of our various organizations, all keenly zealous for our professional well-being. If we have grievances against any man or any organization (I hold a brief for none) let us get together, "the past forgot." It is our business to support, not to snarl; to stimulate.

Let us put forward this plain issue: Are the wages offered us by the public services reasonable in these days, and adequate to our experience, expenses, and responsibilities? And if it is agreed that they are not, let us fight until they are—for it is now or never.—I am, etc.,

July 14th.

MEDICO.

MEDICAL CERTIFICATES AND TRIBUNALS.

SIR,—Medical certificates are, or ought to be, given with a single eye to the national interests, whilst safeguarding the humblest citizen against avoidable injustice. I think that, as a rule, we should refuse to examine strangers and give certificates when such a proceeding just anticipates, and is intended to influence, the work of men who are presumed to be both skilled and impartial.

In the case of old or recent patients I consider our duty to them and the State is best performed by giving without embroidery important facts, in regard to personal and family history, within our own knowledge. The more we assume the rôle of straightforward, impartial witnesses rather than advocates, the better.

Personally, I refuse fees, and I hand any certificate to the individual in a sealed envelope, addressed to the tribunal whose difficult task it is to adjudicate between him and the State.—I am, etc.,

London, N.W., July 17th.

J. SCOTT BATTAMS.

STERILIZATION OF THE SKIN BY ANILINE DYES.

SIR,—With reference to the paper published in the BRITISH MEDICAL JOURNAL on May 18th, by Mr. Victor Bonney and Dr. Browning, it may be of interest to recall that we also have found certain aniline dyes to be of great value in the sterilization of skin.

Three years ago we published in the *Lancet* a paper upon the use of a compound of malachite green and mercury as an antiseptic (July 24th, 1915), while a further note was added by one of us (G. L. C.) in the *Medical Annual* of 1915. The compound has since been used exclusively for the sterilization of skin with uniform and complete success.

Similar results have also been obtained by several colleagues in the navy, where it is still constantly used, and in order to make it more generally available we arranged with Messrs. Burroughs, Wellcome and Co. a year ago to put it up as "tabloids." It is now available.—We are, etc.,

G. LENTHAL CHEATLE,
Temporary Surgeon-General, R.N.

P. FILDES,
Staff Surgeon, R.N.V.R.

London, W., July 19th.

THE SIGNIFICANCE OF CARDIAC MURMURS.

SIR,—The primary requisites for an estimate of the clinical significance of cardiac murmurs are a better knowledge than we yet possess of their varied modes of production, and more reliable differential tests for their varieties. Those essential aspects have not received much attention in the recent literature concerning the medical