

## Correspondence.

"Audi alteram partem."

### THE UNITY OF MEDICINE.

To the Editor of THE LANCET.

SIR,—The interesting leading article in your last issue on "1921" draws attention to a growing recognition of the unity of medicine, and at the same time to the scanty signs of constructive effort towards the attainment of that unity.

The causes of this inertia are worthy of inquiry. They are in part economic; the taxation, the cost of living, the expenses of practice are so high as to intensify the fight for existence and dull enthusiasm for the ideals of progress. Further, the financial sickness of the nation very properly forbids the expenditure of public money on new schemes. And so, very naturally, the medical man reflects, "Is it worth while doing anything?" I would like to put forward the contrary view that these lean years can be utilised to our great advantage. We can come to agreement as to the broad lines along which the organisation of medicine should proceed, and having clearly stated these principles we can insist that public policy is guided by them. If delay ensues in the enforcement of these principles we shall find, when time and circumstances compel us to bend our attention to them, that accomplished facts will be a barrier to their fulfilment.

Do we think, for example, that an increasing proportion of the medical men of Great Britain should be engaged in a whole-time salaried service? That is occurring now. Take the school medical service; a few years ago the number of whole-time medical officers was between two and three hundred; it is now 800. The tuberculosis officers are likewise swelling the ranks of a whole-time service. Is it not rather sound policy that these communal clinics should be staffed on a part-time basis by practitioners resident in the district, and as a corollary should not post-graduate instruction be provided in these subjects and ultimately be made a condition of eligibility for election? At Willesden there has recently been an unavowed effort to municipalise medicine in this important borough. Or, again, consider the problem of institutional provision—e.g., clinics, laboratories, various grades of hospitals. It is admitted that owing to the progress of knowledge such provision is increasingly necessary for efficient diagnosis and treatment, and yet its cost cannot be wholly met by the payments of individual patients. This problem concerns private patients as well as hospital patients. The solution is difficult, and especially if we keep in mind the importance of not allowing provision of equipment to interfere with the relationship between a patient and his medical attendant.

As a profession we shall be expected to be ready with answers to these and many other questions. If we are not ready, decisions will be taken without us. We cannot be ready with answers without having as a profession considered the problems. And here is our difficulty. We have no adequate means of collective expression. It is true the British Medical Association is a large, efficient, and public-spirited organisation, and is actually studying hospital policy; but there is no adequate coöperation between it and the academic, consulting, and specialist branches, which on their part have no cohesion amongst themselves. Some unifying force is needed if we are not to be sheep without a shepherd.

To return to the consideration of what is possible during these lean years. Coöperation with boards of guardians for the cautious utilisation of vacant Poor-law infirmary beds will not only help to meet the present needs of the population in some centres at small cost, but will enable us to gain experience in the problems of institutional provision, which will

be of great value when the time for a forward movement shall arrive. Vacant Poor-law infirmary beds can be used to:—

1. Supplement or substitute the work of a voluntary hospital, teaching or non-teaching.
2. As a suitable home for communal clinics.
3. As wards for the treatment of paying patients provided there is no increased burden on the rate-payers, and the patients are left under the care of their own doctors.

Trials are being given here and there to each of these methods and can be usefully studied with a view to future developments. Anything which brings together the work of Poor-law infirmaries on the one hand, and the work of hospitals, health services, and general practice on the other hand, cannot fail to benefit both the public and the profession.

To this end doctors need to be brought into responsible association with the health activities of their districts. It is unsound that policy underlying maternity, infant welfare, tuberculosis, and other health matters should be determined without seeking the opinion and support of the local profession. A local medical council (with advisory not administrative functions), elected by postal vote from all the doctors of a district every four years, would be a valuable assistance to a medical officer of health, and its usefulness has been recently demonstrated at Bradford.

I am, Sir, yours faithfully,  
Wimpole-street, W., Jan. 3rd. DAWSON OF PENN.

### THE EDUCATION OF DEAF CHILDREN.

To the Editor of THE LANCET.

SIR,—I have read with much interest the letters which appeared in THE LANCET of Nov. 12th and 26th last on the development of hearing power in deaf children. The subject is of fundamental importance in the education of such children, and all experiments to find a means of restoring lost hearing, or increasing any which may happily be possessed, are deserving of most helpful encouragement. Mr. Macleod Yearsley, however, in his letter of the 26th, seems to suggest that the deaf child is being exploited, and at the present time teachers of the deaf are disturbed in mind by extravagant claims to cure deafness.

Are there any cases of functional deafness in schools for deaf children? Can hearing be developed in children who have never heard and have never given any indication that they have the power to hear? Can remnants of faint hearing power be improved to the extent of enabling the cases to receive their education entirely through the hitherto closed channel of instruction—the ear? As to cases of functional-deafness in school children, who have been deaf since birth or very early childhood, there is no authentic record of any such child suddenly becoming possessed of a large degree of hearing power, and until reliable evidence can be produced that functional deafness exists in children and that the power to hear can be recovered it is dangerous to say anything which might interfere with the children's education by accredited teachers. Demonstrations with deaf children, with a view to find out whether functional deafness exists in school children, must be made with deaf children; if made with children who possess a fair remnant of hearing nothing is proved.

The acoustic training of deaf children with remnants of hearing has for many years been carried out in schools for the deaf, not only in this country, but also on the Continent and in America, and results prove that the children can be made to hear better; but the improvement which takes place is *mental*, not *physical*. The child learns to listen and to concentrate attention, and sounds which before were blurred, indefinite, and meaningless begin to take definite vowel form; words are discriminated and meaning is associated with them. Teachers of the deaf are alive to a real danger to the educational well-being of deaf children if they are subjected to experimentation without special knowledge of the psychology of the