

SIR,—The correspondence on this subject has not been barren. It has not shown any general agreement on the point at issue, but it has drawn a letter from Sir James Barr, which, though perhaps not an excessively difficult, is always an advantageous thing to do; and incidentally it has decided a logical problem which has puzzled at least five generations of logicians. On the one side are the great names of Kant, Sir William Hamilton, Archbishop Thomson, Bode, Ueberweg, Bain, Bradley, and Fowler, who unanimously declare that if a thing is either this or that, it cannot by any possibility be both. On the other side are the equally great names of Archbishop Whately, Dean Mansel, John Stuart Mill, Stanley Jevons, Venn, and Keynes, all of whom are positively of opinion that if a thing is either this or that, it may in certain circumstances be both. This excruciating problem is now solved for all time, for Sir James Barr reminds us that a man at 40 is either a fool or a physician, and it is certain that a physician who accepts what the lawyers call a contemptuous sum, for services greater than a surgeon would charge a hundred guineas for, is both.

I take no objection to the practice mentioned by Sir James Barr of wrapping the fee in paper, but I do think the College of Physicians might usefully issue an edict against the practices of hiding the fee by putting it on the mantelpiece, or shoving it among the papers on one's table, or of leaving it in one's hand as the patient shakes hand on his departure, as if it were a thing of which patient and physician were equally ashamed. For my part, I am ashamed, not when I get a fee, but when I do not.

With respect to the fees of surgeons, the following story, which I can vouch for, is germane to the matter. A certain business man was advised by his family doctor to consult a surgeon with respect to a malady which, the doctor warned him, might require an operation. "Certainly," said the patient, "but on this understanding, that, if the surgeon advises an operation, it shall not be performed by him. For that I will go to another surgeon." The family doctor thought this an odd proviso, and asked the reason of it. "The reason," said the patient, "is this. If I go to a surgeon for advice, I pay him a couple of guineas, and there the business ends; but if he performs an operation, I shall have to pay him a hundred. Now, it is not in human nature that his opinion should be uninfluenced by this consideration. Consciously or unconsciously he must be swayed by it, especially if the reasons for and against are nearly balanced; and what I want is an unbiassed opinion." This, I think, is a story to be marked, in a proper sense of that ill-used word.

When Mr. Cunning suggests that surgeons should be paid according to the benefits they confer upon their patients, surely he belies his name!—I am, etc.,

Parkstone, Dorset, Dec. 11th.

CHARLES A. MERCIER.

* In view of the larger issue raised by Sir Clifford Allbutt's letter above, the correspondence on the particular aspect of the matter which relates to fees may properly come to an end with Dr. Mercier's reply.

MOBILIZATION OF THE PROFESSION.

Why Not at Once?

SIR,—Your remarks in your issue of December 9th will lead many to wish that a state of suspense, in which we find ourselves, were terminated.

Those of us who, like myself, though of military age and willing to serve, are kept back by circumstances, would welcome some equitable arrangement whereby our work could be done by others, if, at the same time, the loss of our practices, which we see to be inevitable under existing arrangements, were to be guarded against.

My junior partner is on service, and I have been doing my best to keep things together for him, but only at a heavy loss of *clientèle* for him. His loss is equally mine. His neighbours undertook to help as much as they could. Of scores of private calls from his end of the practice, that I have had to decline in the last eighteen months, owing to heavy demands on my own time, believe me, Sir, not one has been sent back to me as having been done for him. I do not altogether blame his neighbours. In a working-

class district probably 90 per cent. of the people have been to at least three or four doctors in the district from time to time, and when a patient turns up again no questions are asked. I have myself returned only some half-dozen private cases during the same period to other men on service, after rendering an account for the absentee; and this despite careful inquiry in any doubtful case.

Mobilization, of course, in itself will not solve the difficulty of loss of the capital value of our practices represented as goodwill. The problem of demobilization will be more serious. I make bold to say, however, that of the thousands of medical men who are faced with this serious capital loss, the vast majority would gladly accede to a far-reaching Government scheme carrying with it a guarantee of remunerative work when the war is over, along with a liberal pension scheme in the event of death on service, in which the capital value of the practice at the time of surrender is taken into account.

It is, I am sure, the certainty of this loss, as proved by the events of the last two years, that holds back hundreds of men of middle age from offering their services.

One other suggestion in closing. If we are to be mobilized, it must be compulsory for all registered medical practitioners, including those who, under the privilege of reciprocal registration arrangements, are rendering help in many cases most valuable. These must be utilized to the full, and, if put in charge of our practices, must be held to these until the incumbent is allowed to return.—I am, etc.,

Nottingham, Dec. 12th.

A. CHRISTIE REID, M.D.

SIR,—In your article on the above in the JOURNAL of December 9th, p. 809, you define "mobilization" of the profession to mean in principle—

That every medical man or woman should formally undertake to place his or her services at the disposal of the governing authorities of the country, to give such services, whether military or civilian, as may be indicated, and if civilian, to render the service in any place in Great Britain.

If this undertaking is given voluntarily no possible objection can be taken, and the profession will gladly recognize the self-sacrifice and patriotism of those giving such undertakings. But if it is suggested that these undertakings should be compulsory, it is quite another matter; and it behoves the British Medical Association, as the recognized defender of the rights and liberties of the profession, to enter the strongest protest against such a scheme, unless the compulsory legislation that brings it about throws similar obligations on the whole community. You cite the recent German legislation on the subject; but this does not put any special obligation on the German medical profession as a class. All classes of the community are equally coerced. If the nation is desirous of following the German example our profession would be quite willing to share the common burden. But from an article in this week's *Lancet*, and from the tenor of certain articles in the *Times*, it would seem that the promoters of this mobilization have in their minds a compulsion to be put on the medical profession as a class, and not shared by the community generally.

The British Medical Association could not surely uphold so tyrannical a procedure. Up to the present time, if we have suffered greatly, we have the satisfaction of feeling that what we have suffered has only been our share of the common suffering. If, however, there is to be class legislation, and because of our presumed qualification we are to have obligations put upon us not shared by the rest of the community, the situation would be vastly altered, and the injustice meted out to our profession would not make for efficiency in any service procured in this way. It is true that we have a precedent for such legislation. In the Napoleonic wars, by means of the "press gang," a section of the Royal Navy was recruited in this fashion. But it is a far cry to the early years of the last century. If the supply of medical practitioners for war purposes is inadequate, it must be supplemented by an extension in the age limit of those called up for war services. That is the only equitable way in which the medical needs of our civil population can be properly met.—I am, etc.,

London, N.E., Dec. 9th.

MAJOR GREENWOOD.