

but in each case it is claimed that the doctor shall be on a different footing from the ordinary witness.

Two classes of person at present have this special privilege—the lawyer, because without it the courts of law could not function; and the priest, because the Church was strong enough to take it. It has been proposed that a similar privilege shall be granted by Act of Parliament in the case of medical witnesses.

On the other hand, we are advised by lawyers that such an Act of Parliament would be difficult to obtain and would probably not give us what we want. We are further advised to take our stand when the occasion arises and put it to the judge that we do not claim privilege as doctors but that the particular communication in question was made to us in confidence and that we cannot, as honourable men, disclose it. We are at the same time assured that a judge has as acute a perception of honour as a doctor, and that we shall not be forced to violate our honour. We should have more confidence in this were it not for certain recent cases, such as *Needham v. Needham*, where the doctor has been forced into revealing to the court what he desired, on a point of honour, to keep secret. But I think that, if the medical witness had stood firm, he would have prevailed: and that, in my opinion, is the essence of the matter.

On weighing the whole question it seems probable that we should be better advised not to press for an Act of Parliament. But I do hold most strongly that information gained in the exercise of his profession should be as sacred to the doctor as to the priest.

After all, what is the basis of all medical work? Surely, trust and confidence in the doctor. No doctor should reveal the confidence of his patient without the consent of that patient except where enjoined by statute law. Such a breach of trust is dishonourable and inexcusable. The right to keep inviolate the confidences of our patients will have to be won by us in exactly the same way as it was by the Church—that is to say, it will have to be fought for. A priest has no privilege by law, but all courts of law recognize that by no threat or compulsion can a priest be forced to disclose what he considers himself bound in honour to conceal; and I submit that it is by a similar refusal that the medical profession will gain an equal immunity.

We can expect no help from the legal profession: their work is to carry out the administration of the law, and they are naturally opposed to anything which makes that more difficult. When I say they are opposed I mean as lawyers; as private persons, or rather as sick persons confiding in their doctors, they will, I think, agree with me.

It may be asked, what part has the British Medical Association in all this. The answer is that if and when such a refusal by a doctor to give evidence leads, as is not unlikely, to his committal for contempt of court, surely his position is greatly strengthened if he has at his back the official body of his profession. The British Medical Association can inform the general public by means of the Press and Parliament; and I am sure that if such a case be put squarely to the people there can be only one answer.—I am, etc.,

Brighton, Dec. 9th.

A. C. GEMMELL, M.B.

HELIO THERAPY.

SIR,—In your issue of October 14th Dr. A. Rollier of Leysin, Switzerland, in his address on "The share of the sun in the prevention and treatment of tuberculosis," states: "One must not take air and sun baths during meridian hours." And again: "It is also essential, as we have always said, that the heat of the midday hours should be avoided . . . and one should have recourse to the earliest morning sun."

Some years ago I pointed out that sanatorium treatment is a reversion to the wild—that the midday heat in England is baking and depressing—and that sanatorium patients in this respect should be treated as the inhabitants of the fields. One seldom sees the fox, hare, or rabbit abroad in the midday heat; they are then in the shade, and they feed in the bracing air and tonic sunshine of early morn and dewy eve. Heliotherapy should, I think, be administered on east and west balconies on similar lines—as it is the morning and evening sun which is tonic—and midday heat should be avoided.

A little time ago, during some sanatorium extensions, I tried to introduce the north and south position of the wards, but unfortunately without success, as I believe there is a Ministerial ruling against it. But emboldened by Dr. Rollier's experience, I would point out that the idea of hospitals and sanatoriums facing south is wrong. The administration

block should face south, but the wards should run north and south, and have east and west balconies. Then the morning and evening sunlight can be secured and administered, whilst the two balconies allow of air bathing in almost any weather. Shelters from the midday heat is also secured, as the sun beats down on the roof and gable end, and the patients can rest within the wards.

If a balcony faces south heliotherapy can only be carried on with difficulty; children do worse in summer than in the frosty days of early winter, when the air is bracing, and the sun's rays most temperate.

My friend A'derman Norman of Morpeth informs me that plant life under glass does better in a north and south glass-house than in one running east and west. And I venture to think that what is good for the animal and the plant is good also for man.

In the building of sanatoriums and hospitals this aspect of the question should, I think, be kept in view. I have had some considerable experience in the building of sanatoriums, and in my opinion they should be in the shape of the letter H, the lower half of the legs being wards. And these wards in my opinion should run north and south to give the sun its proper share in the treatment of tuberculosis.—I am, etc.,

T. M. ALLISON, M.D.,

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Visiting Medical Superintendent of the Children's
Sanatorium, Stannington.

Newcastle-upon-Tyne, Dec. 9th.

PSYCHIATRIC CLINICS.

SIR,—While agreeing with Dr. Davison as to the enormous possibilities of an out-patient clinic of psychotherapy, I fear lest his appeal for an "open-handed philanthropist" to start the scheme may scare that rare bird unnecessarily. I cannot believe that such an institution would prove at all a costly business compared with the in-patient home set up by the munificence of the late Sir Ernest Cassel.

Psychotherapists will agree with me that it is essential for the sake of treatment that each patient should pay a fee commensurate with his means. This would often amount to very little, but the institute would receive among its patients people of the large class which, though unable to find the usual fee for a course of psychotherapy, would gladly contribute up to half a guinea a session towards the funds. Thus the income from fees might amount to a not inconsiderable sum; and, on the other hand, it would not be necessary to provide expensive instruments of diagnosis and treatment, or elaborate electrical apparatus of proven uselessness. The institute should have little to face in the way of running expenses beyond rates and taxes, light and heating, and the maintenance of a small clerical staff.

It seems to me that the philanthropist would not need to guarantee more than £1,500 a year for three years, to secure the financial safety of such a scheme even if it were started in a fairly large way. If it succeeded, the institute would become self-supporting before very long, and soon self-propagating throughout the country so soon as its usefulness were evident.—I am, etc.,

London, W., Dec. 19th.

G. LAUGHTON SCOTT.

PSYCHO-ANALYSIS.

SIR,—The discussion which has been proceeding in your columns is one of much wider significance than the title implies. In particular the question as to the exact relations of physiology and psychology has come under consideration. So far as I have understood Dr. Steen he merely wishes to point out that as he writes as a psychologist he must do so from the psychological point of view and use psychological terms, and that if he were to use physiological terms in describing his researches in "behaviour" there would arise inextricable confusion. In this I agree most heartily with him.

In the department which we call for convenience tropical medicine there are a large number of sections. We have protozoologists, bacteriologists, entomologists, helminthologists, chemists, physicists, not to speak of clinicians of every variety. Every one of these is approaching a common problem by different methods of research. Suppose we take as an instance the etiology of beri-beri which has brought into the field a whole army of workers. No doubt all the first four groups of biologists have been engaged in this quest, but in addition the food deficiency theory has engaged the attention of expert chemists and it is in connexion with this