

him complaining that a medical man, who is receiving less than one penny a week for attendance on its members, has been neglecting his duty and sending some patients to the hospital. Mr. Holland ingenuously asks some one to advise him as to how he is to reply to this letter. The reply is simple enough, and, as he knows the facts, it is to be hoped he will have the courage and honesty to state them. Why not tell his correspondent that, though there are some club doctors who neglect their duty, there are others, and doubtless among them many who have been students and house-physicians and house-surgeons of the London Hospital who are clamouring for club appointments, and who are quite willing to do the work if appointed? Further, he can tell his correspondent, who suggests that the club subscriptions should be sent to the London Hospital, that the London hospitals are straining every nerve to meet their financial difficulties; and that, as they have not yet been able to contrive how a wound can be dressed by a nurse or a trivial ailment attended to for less than 1s. 6d., it were better meantime that slight ailments at least should be attended to by the club doctor, who is often glad to receive one-third of that sum. Further, if his correspondent is a trade-unionist, Mr. Holland, who professes a deep interest in the welfare of medical men, might be bold enough to tell him that, while he is right in insisting on a reasonable payment for his work, he should not deny that privilege to others and should never wear sweated clothes nor live in a jerry-built house, nor fail to pay his medical man a reasonable sum for attendance.

Mr. Sydney Holland commiserates the fate of medical men receiving small fees. Who are responsible? As one of the rank and file of general practitioners I will give him the benefit of my own experience, as it is probably the same as that of many other medical men practising in London. I sometimes take small fees, not that I am impelled thereto by competition with my neighbours, but because there is within a few yards of me a hospital where well-paid artisans and shopkeepers are attended for nothing, while the absolutely poor and deserving are relegated to the union infirmary. This hospital is always clamouring for money, and, in order to advertise itself, has recently been expending a considerable amount in painting and decorating. Walls and windows are emblazoned with "Medical department," "Ophthalmic department," "Casualty department always open," etc. Such is the modern suburban London hospital, and it is quite evident that, in face of this, medical men in ordinary practice could not possibly hold their own unless they were doing good work. Did a general practitioner advertise himself in this manner, he would be justly branded as a disgrace to his profession.

The present system of hospital management in London is doomed, and practically the only man in London who does not seem to know it is the Hon. Sydney Holland.—I am, etc.,

Greenwich, March 17th.

J. H. KEAY.

SIR,—Will you allow me to draw attention to two points which the Hon. Sydney Holland's letter on "Hospital Abuse" makes clear?

First, as he has received many letters such as that he quotes, and no doubt other hospital authorities have received similar epistles, it is plain that the present methods of hospital management have led a large part of the population to believe that these institutions are commercial competitors of the general practitioner.

Secondly, the Hon. Sydney Holland is unable to answer his correspondent because he cannot make the reply which he ought to be able to make. The reply should be of this nature:

The institution only gives attendance to the necessitous.

The almoners investigate every case, and attendance has been given only to those whose means are insufficient to obtain medical attendance, by contract or otherwise, adequate for the illness or injury.

In accordance with professional custom, the staff always communicate with the usual medical attendant.

No doubt the Hon. Sydney Holland means us to infer that, in this and similar cases the medical attendant is responsible for the abuse; but two wrongs do not make a right. The inference which I should draw is that at the London Hospital no efficient inquiry into the social condi-

tion of the patients is made, and that a large number of persons who can provide for medical attention are treated there for minor injuries and ailments. (I think the hospital authorities admit that two-thirds of their patients are treated for minor conditions.) But, whatever the intention may have been in publishing the letter, we ought to be thankful that so distinguished an authority on hospital management should have put forward such indisputable evidence of the existence of "hospital abuse."—I am, etc.,

Putney, March 17th.

DONALD F. SHEARER.

THE ETHICAL ASPECTS OF MEDICAL CONSULTATION.

SIR,—In his letter in the BRITISH MEDICAL JOURNAL of March 2nd Dr. Saundby points out one of the many weak points in the *Memorandum* of the Ethical Committee's Report. It will be well if it does not get into the daily press, for in such an event the public will want to know where the patient comes in. Certainly he takes the back seat in the trio. That a few consultants abuse their position to the detriment of the general practitioner may, for the purpose of argument, be conceded, but it must in simple justice be acknowledged that, as a body, the former endeavour to act honourably by both patients and their medical attendants. Moreover, if the unwritten laws governing consultants are not in some instances observed, a written code will be equally ignored.

It must be acknowledged that the word "consultation" is to some practitioners like a red rag to a bull, and I am afraid Paragraph (c), under the section "Duty of Consultation," will not tend to improve matters in this respect. We are told, "When the practitioner in attendance is *definitely in doubt* as to the diagnosis or as to the treatment to be followed," etc. Now, if the welfare of the patient is, as it should be, the chief concern of the doctor, he will suggest a consultation when there is *any* doubt, etc. Again, why wait until "there is evidence of *serious* doubt in the mind of the patient or his friends" before seeking counsel? Surely, if there is evidence of the least doubt it is not wiser to act promptly rather than wait until doubt has ripened into absolute want of confidence?

In discussing the questions relating to consultations, it must always be borne in mind that, however good and necessary it may be to have rules regulating the relations between general practitioner and consultant, patients have an indefeasible right to seek advice from whomsoever they may choose, with or without the concurrence of the practitioner in attendance for the time being, although there can be no question as to which would be the more advantageous course for the patient to pursue, and at the same time he would be performing a simple act of courtesy to his doctor.

In these days of diminishing professional incomes it is, to say the least of it, impolitic to render the obtaining of a second opinion as difficult as possible, for by so doing patients are tempted to adopt subterfuges in order to gratify a perfectly legitimate desire, or, worse still, we may cause them to drift into the hands of quacks. It is fervently to be desired that in this discussion every effort should be made to create and foster harmony between members of a common profession; and it is in the spirit of that wish this letter is written.—I am, etc.,

London, W., March 11th.

CHAS. W. CHAPMAN.

ALBINISM IN MAN.

SIR,—On looking into the various hereditary conditions which affect man for one which would lend itself to the application of Mendelian methods of investigation, that of albinism appealed to me as the most suitable. The condition is striking, such as may reasonably be expected to impress even the most casual observer, and its occurrence at any time in a family would be a circumstance not likely to be soon forgotten. No estimate that I know of has yet been made as to the frequency with which it occurs in the general population, but it is at least sufficiently common to provide satisfactory data for work such as this.

The condition in itself does not call for description for purposes of identification, but when dealing with a subject about which so little is known, it may be as well to venture on a description of what I take to be the type.

In the first place, then, in the typical human albino the skin is of a uniform milky colour, except in those parts