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TRUE TO LABEL.

IN a small community every practising medical man or woman is a general practitioner, but as the people increase in number certain practitioners devote increasing attention to particular types of ailments, either because they are more interested in them or because they find themselves peculiarly suited to the procedures in diagnosis or treatment that these ailments demand. Eventually there is evolved the type of practice seen in present-day large communities, in which the specialist appears to take the leading part, but in which the general practitioner is the more important unit. This statement is made advisedly, for one can imagine the chaos that would reign in a community that was served entirely by specialists. Those who bow down and worship specialists would do well to remember that specialism has arisen from general practice, that other factors being equal experience in general practice is the best preparation for specialist practice, and that in proportion as specialists lose the ability of looking beyond the confines of their own restricted spheres, so do they lose their effectiveness. In Australia the term specialist has been applied to those whose practice is devoted to internal medicine and to surgery as well as to those whose activities are confined to narrower fields, such as diseases of the eye, of the ear, nose and throat, or of the skin. Perhaps this is just as well, for consultants in the strict sense of the term are practically unknown in this country.

We may set up as an ideal a state of medical practice in which general practitioners send to specialists patients whose illnesses need treatment that only a specialist can give (in this category are included what have been called the minor specialties of ophthalmology, otology, laryngology, dermatology *et cetera*), and in which the advice and help

of consultants in internal medicine or in surgery are sought in difficult cases. This state is difficult of attainment and probably never will be attained in a country like Australia, where long distances alone will always be a bar to such an ideal. There is no reason, however, why we should not try to get as close to it as possible. In the way there stand vanity and conceit, hypocrisy and intolerance.

Public hospitals have done a great deal in the differentiation of medical men as practitioners of different specialties. Teaching hospitals recognized as clinical schools have been particularly useful in this way. A senior honorary officer who teaches students in a special department of what is known as a teaching hospital, and who poses as a consultant to whom other practitioners refer difficult cases for elucidation, would be regarded by the most casual observer as a specialist in the subject that he sets up to teach. If the casual observer were to inquire of the attendant at the senior honorary officer's private consulting room, he would probably be told that the said honorary officer was a specialist in the subject taught. Many practitioners of this type, of course, practise their specialty and their specialty alone; others do not. Sir Alan Newton, in his Halford Oration last year, insisted that the cobbler should stick to his last—in other words, that surgeons should be surgeons and not general practitioners. This needs reiteration. It applies not only to surgeons, but also to physicians. Senior physicians who should know better look with disdain on a brother physician who attends a woman in confinement, but, while posing as consultants, visit patients in their homes in opposition to general practitioners more conveniently situated to the patients than themselves. Of course they always do it "just to oblige the patients". In the practice of medicine less hypocrisy is needed. By all means let us have physicians and surgeons, but let them be true to label. If a surgeon wishes to attend patients with pneumonia just to oblige them, if a consulting physician wishes to visit patients suffering from any and every kind of ailment, let them both be honest and style themselves general practitioners. Other general practitioners will then know where to find their true consultants.