

Then there is the field of medicine proper which is by far the larger. There would be the heart specialist, the lung specialist, the genito urinary specialist, the nerve specialist the alimentary specialist, the phsyconeurotic specialist, the specialist in women's diseases, the specialist in children's diseases, and a host of others.

Do not think we have over drawn the picture, it is rather otherwise. It is but a resume of that which is taking place in our large cities to-day, and in our greatest clinics of which the Mayo Co. is an example.

But what of the general practitioner? Well he will be somewhat of a nonentity. All serious cases will be withdrawn from his care and taken to the well equipped hospital, or if this cannot be done he will be out physician under orders from his chief. In surgery as surgeons now desire it and as they no doubt would have it, the general practitioner would be allowed to remove a thistle or a thorn, dress a cut if it is a slight one, because the surgery he does must be minor surgery and that very minor. He would likely be allowed to open a simple abscess, but not a rectal abscess, nor one of Bartholins glands. Circumcision would be deemed entirely beyond his skill. Recently we read a long article by one classing himself as a surgeon specialist who regarded circumcision as an operation requiring a great deal of skill, and described a technique the intricacies of which we would not fully comprehend but this might be accounted for by our belonging to that class called "general practitioners."

Now if the Medical profession were nationalized it would have to be made efficient, and the government in order to attempt this would be guided largely by those whom the laity regard as leaders in our profession. They assuredly would advise the system of specialists. The number necessary in each branch could be ascertained fairly well. There would also be a reserve number who could be rushed or sent to various points if there arose a surplus of work. They would also fix the number of general practitioners which would be a class very similar to that of the house staff of the present hospitals. They would receive their dutiful training in hospitals and then be distributed throughout the country.

Not only would the number in the profession be determined by the government but also their distribution. This would have one advantage over the present system in that the medical man would not have to sit on his doorstep enticing in patients, but being state paid he would not need to worry if having but little to do. This would be a happy condition as he would likely be able to buy coal or slate and pay his taxes, and as his salary would be known he would not require to report a bigger income than he received just to make the public believe he was doing a rushing business.

What will be the benefits or otherwise of the nationalization of the medical profession? Will it be for the welfare of the public, the advancement of the profession and to the best interest of the state.

The public would be cared for