

vidual are enormous. They cannot be given in a short letter of this character, but many of them are obvious to every one with a wide knowledge of general practice. It would probably be the most suitable method of eliciting the opinions of the medical profession to have a referendum of all its members. This could no doubt be best done by the British Medical Association.

The management of a scheme would be best vested in a board comprised of the various interests involved. The Poor Law Medical Service would, I think, have to be included. There would have to be both central and local management boards, the doctor receiving the confirmation of his appointment from the central board, his directions from the local board, and making his professional arrangements directly with the patient. Payment from the contributors would have to be made through the local board. The benefits would have to be regulated by some form of wage limit.

The whole scheme would have to be compulsory and contributory.—I am, etc.,

Bradford, Oct. 23rd.

JAMES METCALFE.

SIR,—While agreeing with Dr. Collinson that in the event of a fight a war chest may be useful and even necessary, I should like to insist on the possibility which the occasion offers of achieving our purpose without a fight. I have confidence that the "sweet reasonableness" of our request for justice and fair dealing may appeal to the minds of our statesmen. We can show very clearly, I think, that cheap medicine and sweating have in the past worked badly for the health of the nation, and it is on this ground that we can appeal to the Government to do really well for the nation by relieving the medical profession of the intolerable conditions under which they do their work. Poor pay means overwork, and overwork means bad work; bad work deteriorates the man who does it, but what of the community he treats? This is the lever to move the Government towards equitable dealing. Let us urge the abolition of contract work for the sake of the nation's health and the progress of medicine, and I think it will not be necessary to insist on our determination to achieve better conditions of practice for our own sakes.—I am, etc.,

Bristol, Oct. 22nd.

HARRY GREY.

SIR,—I desire to call attention to the important discussion on this question at the Bath and Bristol Branch, reported in the SUPPLEMENT of October 15th.

Dr. T. M. Carter moved:

That any scheme of State sickness insurance should be based on the principle of payment for work done, as in private practice.

The resolution, which was ably supported by Dr. Grey and seconded by Dr. Michell Clarke, was carried by 61 to 1. It was thus abundantly clear that the meeting had no confidence in the tender mercies of the Government in the matter of adequate remuneration for medical services.

Dr. Parker's *non possumus* attitude did not commend itself to the meeting. He said:

It had been suggested that they should oppose the whole idea of the Government with regard to sickness and invalidity insurance. It did not matter what their individual views might be of the right or wrong of the matter, this insurance was bound to come, and, as far as such objections were concerned, they were in the position of a fly protesting against the oncoming steam-roller.

Surely the profession will not adopt the craven attitude suggested by this simile and calmly submit to any vote-catching proposal the Government may bring forward at their expense.

It is time the Association recognized the hand of the Radical politician in the speeches and writings of its more noisy and militant members. The underlying principle with such is State control all round, which, as far as the individual practitioner is concerned, is synonymous with slavery. With any Tom, Dick, or Harry which the exigencies of party may place at the head of the department under which he will have to work, the lot of the medical practitioner will not be a happy one. He will

have to work for a miserable pay, with the added horror and worry of official inspection by the emissaries of a heavily-salaried chief.

Let the profession take warning in time, or we shall one day find our independence gone, crushed by the relentless heel of the State, and Dr. Parker's "fly" will verily be under the steam-roller.—I am, etc.,

October 21st.

FORWARDED.

THE HEARING AFTER OTECTOMY.

SIR,—I see that Mr. Yearsley goes for me again in the JOURNAL of October 15th with renewed vigour. He quotes from the *Transactions of the Sixth Otolological Congress* (1899):

The large majority of cases will yield to irrigation, but leaves an important preceding sentence unquoted:

So long as disease is confined to these spaces and has not affected the bone, I believe it may be reached, and consequently influenced, by injections through a large perforation.

I am of the same opinion still. I think moderate men will not approve of attacks that depend upon this sort of thing.

The first paragraph of the paper referred to contains the real cause of offence.

Some aural surgeons recommend extensive perforations of the bone. In uncomplicated cases I believe these operations to be generally unnecessary.

So far from its being true that I then denounced all operative treatment, this very paper gave several cases in which some minor operations had been performed. I have never said or written that the incus was less often diseased than the other ossicles. I wrote that the incus was comparatively rarely diseased, and that is true of all the ossicles in my experience. In p. 88 of *Infected Ears* I write:

The ossicles are less often affected than the walls of the middle ear, and I think there is a practical disadvantage in applying the old term to operations that include the removal of disease wherever it may be possible to remove it, and which may or may not entail the removal of an ossicle.

It is still more misleading to suggest that I advise otectomy in every case. I reserve it for cases in which there is reason to believe the bone is affected, and it has proved a most safe and satisfactory aid to cure in such cases.

Having dealt with definite statements, I will not trouble to notice here mere abuse and innuendo. I have, on the other hand, received encouraging support from some of the first men in the profession of surgery, and, indeed, of aural surgery. One eminent surgeon wrote:

I quite agree. Too much heroic drilling and gouging.

Another, whose opinions are always received with respect, wrote:

I think you have proved your point most clearly as to what you can do.

I have also a letter from a recognized authority on otology expressing agreement with my views as to the value of intrameatal surgery.

In conclusion, let me say that I regard the watch as a fair practical test of the hearing, and I see Dr. Hunter Tod does so too.

One word more. Mr. Yearsley says I have written of "my operation of otectomy." Let me reply in the words I once wrote to Dr. Hill:

I cannot find this expression in anything I have by me, but if I have written of "my" operation no objection can reasonably be taken, as my methods were built up without any assistance from any one else, and in spite of the otological teaching of the moment.

—I am, etc.,

London, W., Oct. 17th.

FAULDER WHITE.

SIR,—I have read with pleasure the letter of Dr. William Hill, which appeared in the BRITISH MEDICAL JOURNAL of October 8th, on the present-day treatment of suppurative diseases of the ear. It is now recognized by all aural surgeons that, although there are many dangerous cases which can only be successfully treated by either "a complete radical or a mitigated radical operation," still there