

the work we have already done in connexion with many materials, which work inclines us strongly to the view that any clinical result obtained with high-frequency power is due to thermal effects alone—a view we believe to be one which is widely shared by the medical profession in this country.

We are aware of the work which has been done in the production of artificial fevers, and of the local treatment which is now beginning to be widely used, particularly since the introduction of valve generators for high-frequency power, in which we are naturally chiefly interested. More latterly our attention has been drawn to the possibility of using valve-generated high-frequency power on wave-lengths of the order of about 5 metres to give immediate post-operation electrodeless treatment, with a view to minimizing the possibility of complications arising due to the thermal losses which the patient must of necessity have suffered.

It is clear that, during a major operation of any time duration, the patient must suffer considerable thermal loss, which loss is in the normal way replenished by the patient's natural reaction and the automatic attempts on the part of the body to reattain normal temperature. It has been suggested that by the means I have mentioned above this thermal loss could be countered by placing the patient in an ultra-high-frequency field immediately after the operation in order to bring the body up to normal temperature without effort on the part of the patient.

As we have naturally no experience in this matter we should be pleased to have the views of your readers on this suggestion.—I am, etc.,

A. P. M. FLEMING,

Director and Manager of Research and Education
Departments, Metropolitan-Vickers
Electrical Co. Ltd.

Trafford Park, Manchester,
October 9th.

Insurance for the Middle Classes

SIR,—I am gratified that my letter, published in your issue of September 16th, has aroused so much interest. The great majority of those who were kind enough to write expressed approval of the outlines of the scheme, and made valuable suggestions as to its working details.

In reply to Dr. Keenan's letter of September 30th (p. 625), I agree that any plan is predestined to fail unless the full approval and co-operation of the medical profession have been obtained. I disagree with Dr. Keenan's conclusions that the remedy for the present unsatisfactory state of private practice lies in excluding expert business men, and I deem close co-operation with them to be absolutely essential. The fact that serious encroachment upon private practice is so prevalent surely indicates our lack of business acumen, and it will take more than a few "enlightened and experienced practitioners" to stem the tide.

The London Public Medical Service is an outstanding example of a scheme initiated and controlled solely by medical men. This excellent scheme, crippled at the outset by lack of capital, high administrative costs, restriction of publicity, and by the inherent diffidence of practitioners to acting as "salesmen," cannot be extended unless further capital is obtained. In my opinion its administrators have done well, in the face of such obstacles, to secure 17,000 members in seven years. The Hospital Saving Association, conceived and administered by business and publicity experts, has, I understand, nearly two million members. A comparison between the rates and benefits of the London Public Medical Service and the

insurers whom I advise is at least suggestive. A man under the former scheme pays 4d. a week and receives ordinary medical attention; under the latter, by paying 8d. a week, he can receive the cost of general medical attention up to £25 (the patient pays the first 30s.) in any one year, consultant fees up to 10 guineas, x rays, etc., up to 6 guineas, operation fees up to 25 guineas, anaesthetist's fee 2 guineas, nursing home and hospital charges, after operation, 4 guineas a week up to six weeks, and surgical appliances up to 10 guineas.

I am convinced that Dr. Keenan and his associates will court disaster if they attempt to provide a medical service except by way of insurance administered by experts. There is no reason why medical practitioners should not form their own insurance company, always providing that underwriting and publicity can be arranged. In my original letter I placed the general practitioner as the "pivot," or "key man," who would have at his command, on the one hand, consultant and additional services, and, on the other, expert financial advisers and business administrators, and I feel that this conception must be kept well to the fore to ensure success. I think that the Duke of Atholl has a unique opportunity to benefit for all time his middle-class subscribers by "ear-marking" a sum of money to provide the basis of an adequate medical service for them.—I am, etc.,

London, N.5, Oct. 1st.

D. D. ROSEWARNE.

Pregnancy in Childhood

SIR,—With reference to Dr. Keane's memorandum (September 23rd, p. 567) about a case of childbirth, the mother being 7 years old, I saw one case of the same kind in Kashmir. The child, a Mohammedan, was brought from a distance, and her age was stated as 8. Judging from her tiny hands and feet, her childish piping voice, and from her teeth, she could not have been more. The result was not so fortunate, for both she and her baby died. On questioning the mother she said she was very poor, and left a widow with a number of children, and could not help it as she had an offer of marriage for her. This was true, as in the circumstances girl children would not be safe unmarried and without a father. The husband did not appear. One now understands why girl children in Kashmir are put in purdah (seclusion) at 8 years old. I mentioned this in *The Purdah System and its Effect on Motherhood*. The want of light during growth is a direct cause of pelvic deformity, from which the purdah women all suffer to a greater or less degree.—I am, etc.,

Benouville, Calvados, Oct. 8th.

KATHLEEN VAUGHAN.

History of Anaesthetics

SIR,—In the paper on anaesthetics, read at the Annual Meeting in Dublin by Mr. F. J. Morrin, and printed in your issue of October 7th, there occurs the extraordinary error of ascribing the first use of chloroform in an operation to "Sir John Simpson." This would pass as a careless lapse of memory were it not for the remainder of the paragraph. I hold no brief for chloroform, but anyone conversant with the history of it in Edinburgh at least, and in most of Scotland, in the last half of the nineteenth century, to come no nearer to the present day, will regard Mr. Morrin's lurid and untrue description of the manner of using it, and the results, as totally uninformed and historically false.—I am, etc.,

Glasgow, W.2, Oct. 14th.

R. O. ADAMSON.