

REPRESENTATION.

SIR,—Your article on representation in the JOURNAL of December 21st, 1918, was very interesting, and especially that part of it in which it is confessed that only about 50 per cent. of the medical practitioners belong to the premier voluntary medical organization. There must be something wrong when such a state of affairs exists. The officials and the members of committees—in other words, the section that now and for some years has run the British Medical Association and shaped its policy—will throw the blame on the supposed indifference of the profession. The true explanation, that it may be the policy and methods pursued that are at fault, does not seem to occur to them. The British Medical Association, having regard to prospective medico-sociological legislation, ought, as the voluntary organization of an exploited profession, to be the finest, the strongest, and the best equipped association in the kingdom. Its attitude over the Insurance Act was wrong and its policy over the proposed Ministry of Health Bill was and is not good. The political rights of men serving overseas were not respected. And it is to be presumed that the Association approves of the emasculated Health Bill now before the public. The Association has done little, with the rise in prices, to agitate for and secure more adequate remuneration for the profession, civilian or military. Compare its record in this direction with that of any organization of the workers. Some of its representatives sit on Government Committees, and when the reports are not published are content to utter only a feeble, if any, protest.

This is not the way to secure the respect and confidence of all sections of the profession, and I suggest the following standards:

1. That all officials of the British Medical Association should pledge themselves not to accept any "honour" or any permanent official post.
2. That all members of the British Medical Association committees should pledge themselves in the same way, and especially that those on the parliamentary or politico-medical committees should give a pledge not to be themselves candidates for Parliament.
3. That the policy of the Association should be independent, should not be subservient to Government departments, and should be truly representative of all sections of the profession.

The objection, hitherto upheld, to the "uninstructed vote" is an example of how things ought not to be done. To talk of an uninstructed vote in connexion with the general electorate may be allowable, but as regards the votes of an intellectual profession it savours of insult.

Surely we can now in the new year begin with a clean slate. There is a spirit abroad that all is not well in the Association. Not only must the policy of the Association be clear, unequivocal, individually disinterested, and impartial, but it must be recognized as such. Let all those whose policy—say, from the time of the Insurance Act downwards—has brought the Association to its present position of half strength and diminishing confidence explain the position frankly to their constituents, and ask to be replaced by others in whom more confidence may be shown. A united professional front is worth many individual sacrifices, and while grateful to each individual for invaluable services rendered, and regretting their departure from the work of the Association, the younger generation of the medical profession are realizing that such things must be, and that a break with the policy of the past must be made sometime, somewhere, and soon.

My last letter, some time ago on the subject of the policy of the Association regarding the Ministry of Health Bill, nearly provoked disciplinary measures, and as I am still in khaki I beg to be allowed to rest till demobilization under the *nom de plume* of

December 21st, 1918.

HAMILCAR.

THE HARDSHIPS OF THE BUSY PRACTITIONER.

SIR,—I have recently received the circular concerning the distribution of the new Exchequer Insurance Grants (SUPPLEMENT, December 14th, 1918, p. 91), and I have not yet ceased to wonder what the man did who pays income tax on £1,001 a year to be left out in the cold, when the man who pays on £999 is a participator in the grants. No thinking man will deny that the practitioner with less

than £500 a year must have been badly hit owing to increased cost of living and greater working expense during war time, especially if he had many dependants, and nobody grudges him a little extra. We of the larger practices have, in common with our less busy brethren, stood as a guarantee of the good faith of our patients' claims on the Government during war time, and up to the present we have had certificates to sign by the hundred. The principal of these are: army and navy pay slips, discharged soldiers' and sailors' life certificates, mothers' pensions for loss of son, and widow's for loss of husband; certificates as to the number of children, as to inability to earn full or partial livelihood, and many others.

We have had a general increase of sickness owing to the large proportion of women on our panels, and no matter how overworked we were, we felt in duty bound to attend the children of these, well knowing that there were too few doctors in this populous district to do the work; in fact, to put it briefly, the big practice man, if he is not altogether a physical wreck from overwork, has led a dog's life for the past three years, and that not from his own choice, but from a patriotic feeling that if he was not serving his country in the field, he was doing his best at home; he did so, too, without any appreciable increase in his own income; in fact, in many cases like my own the income of 1918 would not quite reach the level of the income of 1914.

We had to contend with an increase in cost of living and in working expenses, a big increase in the income tax, and a drop in our notification fees from 2s. 6d. to 1s. (I think the only instance during the war of a reduction of fees to any particular class—one might call it a war bonus reversed).

We have not sought any reward for our extra work. I think most of us would prefer that we had worked hard for our country without wanting a reward. But the manner of the distribution has made some of us wonder if perhaps, after all, it might not have been better to keep our health and strength and be the man with an income of £999 a year.—I am, etc.,

G. C. JOHNSTON ACRES, M.R.C.S., L.R.C.P.
Clapham Junction, S.W., Dec. 26th, 1918.

MEDICAL RESETTLEMENT.

SIR,—Medical officers will be pleased to read in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of December 28th, 1918, that a letter expressing the opinion that doctors returning from military service should be given preferential treatment in the large amount of medical work of a military or national character that will be available throughout the country, has been sent to the War Office, Ministry of Pensions, the Ministry of National Service, and the Local Government Board.

May I suggest that invalided and discharged medical officers, who are unable to do or to continue general practice owing to their various disabilities, should be given the option of receiving appointments which have arisen during this war?

The advantage thereby gained would be twofold—namely, the more able-bodied medical officer can return to his civil practice, and the disabled, as far as practicable, could still be of service from a medical point of view in a less strenuous way.

I should like to know what is to be done in the way of procuring for the disabled medical officer some suitable work.—I am, etc.,

N. H. LINZEE,
Hampton Wick, Dec. 29th, 1918. Late Captain R.A.M.C.(S.R.).

MEDICAL DEMOBILIZATION.

SIR,—Dr. F. C. Eve, in his letter, criticizes the proposal of the Government to call up medical students as soon as qualified, on the ground that the hospitals will be crippled on account of lack of house-physicians and house-surgeons. There are a large number of young doctors, both in the army and navy, who on account of the war have not held such appointments, since they considered the requirements of the services to be more important than those of the civilian hospitals, however advantageous it might have been to them to have availed themselves of the experience that such appointments afford. These officers on demobilization will be anxious to hold these resident appointments.

Many of them, on account of the nature of the duties on which they have been employed, have seen little of medicine or surgery during the last four years.

Surely these officers should have a prior claim for resident hospital appointments to men who, although they have been doing most excellent work, have had, it must be remembered, far better opportunities, in many cases, of gaining professional experience.—I am, etc.,

W. HERBERT BURCHER,
Temp. Surgeon Lieutenant R.N.
Shrewsbury, Dec. 29th, 1918.

PUBLIC MEDICAL APPOINTMENTS AND SALARIES.

SIR,—The circular letter sent by the British Medical Association to the clerks of town councils and other bodies, advocating an advance in salaries of about one-third above what they were before the war, appears to indicate an appreciation on the part of the Association of the unsatisfactory conditions attaching to public medical appointments in the matter of payments. The communication will, or will not, be considered by some committee of the local body concerned, and the misfortune is that there is neither any means of ensuring its adequate consideration, nor any compelling power behind it to get its recommendation adopted.

The same thing largely applies to a circular letter that has just been sent out by the Local Government Board recommending the adoption by local councils for local government officials of the war bonus scheme that is now in operation for civil servants. Though the adoption of this recommendation would go some way to correct the gross inequality and unfairness of the arrangements as to war bonus that have been locally made, and though its justice and propriety is vouched for by the President of the Local Government Board, it is only in some instances that a free admission of these facts is to be anticipated. In many others they will be combated, and if the officials sit still and wait, rather than make themselves critical and objectionable to the committees, they will get nothing, or at best have the question of war bonus and long overdue increase of salary mixed up, with a view to advantage being taken of the occasion to grant the least possible advance to the official.

In fact, this settlement of official salaries, and of increasing salaries and payment for extra and special services, will continue to be matter of injustice and dissatisfaction so long as the power remains one-sided, as it now is, the local council or committee being able to give or to withhold according as caprice or prejudice may dictate. In such case the advantage will go to the sycophant, and to him who has carefully avoided any action in the course of his duties that would tell against the interest of members of the committee, rather than to the person of independence. The official up to the present time has had no appeal against the decision of the local body. All that one has been able hitherto to get from the Local Government Board has been a statement to the effect that they will readily give their required sanction to any proposition of the local council to increase the salary when they receive such a proposition, and that is all.

The position plainly points to the necessity for the provision of some independent means of determining and regularizing all salaries, and powers to this end ought certainly to be embodied in the first Act of Parliament that proposes to regulate the public medical services, because the feeling of injustice occasioned in the minds of medical officials, and the destruction of goodwill and public spirit occasioned thereby, has its consequence in great damage and prejudice to public work.—I am, etc.,

J. H. GARRETT.
Cheltenham, Dec. 21st, 1918.

FILARIASIS AMONG AUSTRALIAN TROOPS.

SIR,—In the BRITISH MEDICAL JOURNAL of October 12th, 1918, p. 405, there is an article by Captain Rimmer, R.A.M.C., describing four cases of filariasis amongst Australian troops. As these four men came from southern Queensland this is not surprising to those acquainted with the conditions there. In 1909 and 1910 four thousand cases, Europeans, admitted to the Brisbane Hospital for all conditions, were examined for filaria. They were examined at the rate of 200 consecutive admissions at a time with short intervals between each series. The final result

showed 11.5 per cent. of filariasis in the 4,000. A similar examination of 112 children under 12 years of age, all inmates of the Children's Hospital at the same time for various conditions, showed 5 per cent. of filariasis. Practically none of these patients showed symptoms of filariasis nor did they appear to suffer any inconvenience from the parasite in the blood. They were not aware of the condition, and it could not have been discovered except by routine examination.

The above facts indicate that about 10 per cent. of the population of southern Queensland have filaria in the blood. Symptoms of the affection are, however, comparatively rare. Cases of filarial lymphangitis, chyluria, and filarial adenitis are occasionally seen. Cases of hydrocele, lymphocele, and deep intramuscular abscess of obscure origin are notably prevalent, but filaria can rarely be found in the blood in these cases. Elephantiasis is unknown.

Captain Rimmer is to be congratulated on calling attention to these cases, as it is probable that a large percentage of Queensland troops are infected, and when symptoms develop the cause would possibly be overlooked by those not acquainted with the conditions in Queensland. In two of Captain Rimmer's cases the men were able to give the information that they had suffered from filaria, but the majority would not be able to do this.

Various methods of treatment have been tried in Queensland to abolish the parasite from the blood, but none have as yet been proved to be of definite value. It is found that the parasite disappears from the blood in about four years if the case is not reinfected. The most successful prophylactic treatment is the systematic use of mosquito nets.—I am, etc.,

D. G. CROLL, Colonel A.A.M.C.

Obituary.

LEONARD GEORGE GUTHRIE, M.D. OXON., F.R.C.P.,
Senior Physician Paddington Green Children's Hospital and Hospital for Paralysis and Epilepsy, Maida Vale.

By the death of Dr. Leonard Guthrie, which took place on December 24th, a few hours after he had met with a severe accident, the medical profession has sustained a grievous loss.

Leonard George Guthrie, the second son of the late Mr. Thomas Anstey Guthrie, was born in Kensington on February 7th, 1858, and passed the early years of his preliminary education at King's College School. He then went up to Oxford, where he entered Magdalen College. Here he devoted himself to the study of classics, thus laying the sure foundation for those intellectual attainments for which he was so well known. He graduated in arts in 1880, and then became a student of St. Bartholomew's Hospital, having decided to adopt the profession of medicine. While engaged in the study of medicine he gave early promise of that independence of mind which was his chief characteristic throughout life. In 1888 he took the degree of M.B., B.Ch. at Oxford, and in 1893 proceeded to the degree of M.D. Previous to this, however, he had obtained the diplomas of the College of Surgeons and of the Society of Apothecaries. His first appointment was that of house-surgeon to the Paddington Green Children's Hospital, and this event directed his attention to the study of disease in early life, a subject with which he was closely connected for the whole of his professional career. In due course he was elected to the staff of the hospital, and at the time of his death was its senior physician. At about the same time Guthrie joined the staff of the Hospital for Epilepsy and Paralysis, Maida Vale, and with this institution also he was actively connected up to the end.

Guthrie's close association with hospitals devoted to neurology and diseases of children afforded him ample opportunities for the study of these conditions, and of them he availed himself to the fullest extent. His pen was constantly employed, and he published much valuable work, distinguished by deep knowledge, sound reasoning, and an excellent literary style. Among the more important of his contributions may be mentioned *Interstitial Nephritis in Childhood*, 1897, *Functional Nervous Disorders in Childhood*, 1907, the Harveian Lecture in 1910 on hydrocephalus, articles on night terrors in *Albutt's*