and very susceptible to chloroform, especially with respiratory obstruction. The lungs are filled with chloroform with imperfect aëration. Practically all embedded tonsils can be enucleated by incision of the mucosa and then pulling through a blunt guillotine of suitable size, thus reducing the danger period. During these short manipulations ether should be substituted for chloroform. There will then be little danger of syncope.—I am, etc.,

Manchester, June 16th. WILLIAM WILSON.

SIR,—There is nothing unusual in the conditions attending the death that Dr. Gabbett reports. It is the old story of an intermitted and insufficient administration of chloroform followed by fibrillation of the ventricles, the same sequence that occurs in practically all fatal cases of sudden chloroform syncope. For more full information I can refer Dr. Gabbett to my paper on this subject in the *Proceedings* of the Royal Society of Medicine, 1914, vol. vii (Section of Anaesthetics).

Light chloroform anaesthesia in certain operations is a technical facility which does not justify the risk entailed, and the surgeon who requisitions it assumes a heavy responsibility. Such an operation as enucleation of the tonsils can be performed without risk of sudden cardiac failure under (1) the full and continuous administration of chloroform, (2) the administration of ether without regard to the depth of anaesthesia. It is perhaps sufficient to add that the admixture of ether with the chloroform is no safeguard against sudden death.—I am, etc.,

London, W., June 16th. A. G. LEVY.

SIR,—May I draw attention to an article, "On the probable causes of fatalities at the tonsil-adenoid operation," which I contributed to *The Practitioner*, November, 1917? In this I pointed out that although fatalities are not common, there is, besides the possibility of shock and of haemorrhage, special liability to dangers which do not arise during operations of far greater surgical importance. Therefore, without special experience on the part of both operator and anaesthetist, and perfect co-operation, difficulties and dangers are almost certain to occur. I mentioned that "in some, breathing stops at once when the gag is opened widely enough, and the operation has to be done in snatches, if drawing the tongue or epiglottis well forward does not effect improvement." This is apt to occur in patients with ill-developed lower jaws. Lightness of anaesthesia will not make amends for prolonged obstruction of the respiration, and for the effect of such upon the heart and circulation.—I am, etc.,

London, N.W., June 16th. J. D. MORTIMER.

SIR,—A surgeon who is much indebted to the skill of many anaesthetists may perhaps be permitted to place his experience on record as a slight tribute to them and an answer to some of the questions asked by Dr. H. S. Gabbett. In a series of 18,000 operations for enucleation of tonsils by dissection performed by the writer no death has occurred from the anaesthetic, although the operation has been performed deliberately on many children suffering from active heart disease. Some years ago one patient died on the table as the result of a combined operation for the removal of a large mass of breaking down glands from the neck and the enucleation of tonsils. The patient died from exhaustion at the end of a very long and tedious operation. It was clearly an error of surgical judgement to have attempted the tonsil operation at the same time, and the fatality could in no way be attributed to the anaesthetist or the anaesthetic. Until quite recently all these operations have been performed under a deep chloroform anaesthesia which has been maintained throughout the whole course of the operation. The Junker apparatus, containing pure chloroform, easily permits a depth of anaesthesia to be maintained so that the pharyngeal reflexes are abolished, and the surgeon has a perfectly still field of operation for his work.

This is an essential that I have always insisted upon; its justification appears to be found in the figures already quoted. Whether they also supply a satisfactory answer to Dr. Gabbett's question, "Is there special danger in the operation of enucleation of tonsils?" is an issue that must be left to the judgement of the individual reader.

To attain deep chloroform anaesthesia the dangerous zone of light anaesthesia must always be traversed. Modern research has shown how uncontrollable this danger is, and therein is inherent the objection to the use of chloroform under any circumstances in surgery. But the resourcefulness and skill of the anaesthetist has circumvented that danger by developing the administration of open ether to such a pitch of perfection that the operation of removal of tonsils by dissection can be performed under it with the perfect surgical condition of an immobile pharynx. Under such a condition the surgeon can have no apprehension for the safety of his patient, and no excuse for failure but himself. My experience of open ether for this operation is limited to the last eighteen months or so, but it is sufficient to engender the feeling that anaesthetists have once more placed the patients and surgeon alike in their debt.—I am, etc.,

London, W., June 16th. GEORGE E. WAUGH.

THE INDIAN MEDICAL SERVICE.

SIR,—As you have told me that you intend to publish in your columns the remarks that I had the privilege of making at the I.M.S. dinner last week, and as the spontaneous call that I should speak on that occasion came from the officers on the active list of the I.M.S., I ask leave to add a few remarks to what I then said. The attitude I then took up was no political move but an honest expression of the position as I see it. I know from the many letters I have received that my brother officers appreciate that I have no axe to grind, that I have nothing to gain and nothing to fear, and that my one desire is to work in their interests and in those of the country they are so magnificently serving. I especially wish to assure them that the idea, which appears to be prevalent among them, that the British Medical Association feels that it has done its work and is now resting on its oars, is utterly mistaken. We are watching every move of the game with the closest attention, and we are taking steps to obtain the most reliable information on every point. To act precipitately, no matter how black things might look for us, would be to give our case away. We are a service of officers and gentlemen, and those who deal with us must never have the least reason to doubt that we shall play the game with them to the end. Those who criticize most fiercely the actions of the principals in this drama perhaps fail the most to appreciate how great are the difficulties which beset every step of the way.

During the years that I have had the privilege of representing the Indian Medical Service in the councils of the British Medical Association I have, consistently from one and all, met with unwavering sympathy and support. The unexpected and very flattering resolution passed by the Council at its last meeting, after receiving the report on the Indian Medical Service, has only served to intensify my desire and determination that every action we take on behalf of the service should be such as to justify the confidence which has been so ungrudingly given us in the past. The whole weight of the Association is behind us, its sympathies are warmly with us, and it is up to us to carry this matter through in such a way as will, if possible, increase that sympathy and make that support doubly sure. I know the many difficulties of the officers of the service at the present moment, and I have had the honour of bringing them personally before Mr. Montagu's notice. However hard it may be, I would ask once again for trust and patience.—I am, etc.,

R. H. ELLIOT, M.D., Lieut.-Colonel I.M.S. (ret.),
Chairman, Naval and Military Committee, British Medical Association.

London, W., June 15th.

INSURANCE TERMS AND CONDITIONS (M. 25).

SIR,—Dr. Brackenbury is to be congratulated on the Report (M. 25) which he, with the sanction, it appears, of his committee, has evolved. Like the Walrus and the Carpenter, he and the Commission take us gently by the hand, and would lead us to our fate.

> "The time has come," the Walrus said, "to talk of many things" . . .

Certainly Dr. Brackenbury talks all over the field, and so nicely, too, with such a happy blend of formality and friendliness! Of course, all he says is only tentative.

"Neither the profession nor the Government are committed to the . . . suggestions." (Section 1, M. 25.)

"No hurry!" said the Carpenter. They thanked him much for that.

Section 3 is very disarming: "The question of the *amount* of remuneration is to be left entirely on one side for the moment." Then follows the "great glittering scheme" for the new model army of the medical profession, set forth in semi-officialese that is so like the real thing that one turns back now and then to the first page to make sure that the heading is "British Medical Association" after all. (It came, by the way, in an O.H.M.S. envelope. How nice and harmonious of negotiating parties to work together like this, to be sure!)

Sir, has it really come to this, that we, a great learned independent profession are to be led in bondage? Is a third party, the Government inspector, to intervene at any turn between us and our patients? Are we to be told in sonorous tones that we really enjoy a unique privilege (Section 82) because "the employer," meaning the Commissioners, "is obliged to accept the offer of any qualified person"? What new doctrine is this that would supplant the time-honoured relationship between a doctor and his patient? Is the Government, then, the master, the doctor the workman, the patient the mere material worked upon? What type of practitioner is this system going to develop? The inspector-pleasing type, the report-writing, the docketing, the indexing? The whole business lacks the natural touch. It is developed on a misunderstanding of fundamentals. Its father is club practice, its mother is State medicine, and its sponsor is Dr. Brackenbury.

National Health Insurance might have meant that a man could insure with the state for the payment of his doctor. What this report means is that the state shall be the employer, the doctor the contractor, paid so much a head, supervised by an army of inspectors, specialists, referees, and commissioners.

The capital error lies in the system of capitation payment. The worst of the situation in which we find ourselves is that a stupid dread of accountancy has driven us deep into the acceptance of this capitation system; and we are committed, not only to it, but to clerical work more exacting by far than any accountancy for the purpose of mere tariff payment—clerical work which will want a good deal of thinking about, for not only is it to be "most valuable from the point of view of national science and statistics," but it is also to "be so arranged as to afford a continuous individual history of illness," and to do so by means of such subtle language that this history will not necessitate "any real violation of professional secrecy." Shall we have to rub up our Greek?—or perhaps the docket clerks will not know Esperanto.

It must be seriously admitted that M. 25 reveals the future of the insurance system with all its menace, that it indicates a logical development of the system we accepted or were forced into in 1912, that it puts the best complexion on the scheme and is an honest attempt to elaborate and improve it from the point of view of a bureaucrat. But it may be asked: Is our English hospital system of supplying consulting services so very bad, so very inadequate? Are not cottage hospitals and local infirmaries springing up and capable of further development, especially with a little (and not too much) state help? Can they not supply some of these much-talked-of specialist services?

What is wanted is to put every one within reach of first-rate treatment. Securely paid private practice, supported by some system of insurance, together with a development of hospitals, large and small, would do this far more effectually than all these horrible regulations which are foreign to the very spirit and atmosphere of medical work.—I am, etc.,

Holmes Chapel, June 12th. LIONEL JAS. PICTON.

SIR,—It is good to know from Dr. William Hodgson's letter in your issue of June 7th, p. 724, that one member of the Insurance Acts Committee protests against M. 25. "Peradventure there be one righteous within the city." But shall destruction be stayed for one's sake?

Had this appalling document emanated directly from the Commissioners without consultation with a body supposedly representing practitioners' interests, it would have been at least understandable as a statement of what, from the administrative standpoint, may be desirable alterations, and it would have remained for us wholeheartedly to resist the majority of the proposals. But published as it is, with the full parental blessing of our representatives, what is one to think? And, incidentally, what inducement is there to trust such a body with the management of the Defence Fund? Indeed, after M. 25, what is there left to defend?

For the purpose of brief criticism, the essence of the report from the panel practitioner's point of view is contained in the three proposals following:

(1) Alteration of lists.
(2) Subsidizing opposition to the panel practitioners at the victim's expense.

It must surely be obvious that (1) and (2) are but the first step towards the annihilation of all capital values in practices. When, with the early inclusion of dependants in the medical benefit scheme, all private practices in industrial areas shall have disappeared, the amount of a practitioner's income will depend not on his ability or initiative, but solely on the available number of young practitioners ready and willing to be set up in practice on very easy terms, and in a wonderfully short time a dead level of income will be attained. Where, then, shall a man look for the return of the money he invested in buying the goodwill of his practice? In brief, what is all this but the disadvantageous side of State service without the compensations of regularized hours of work, fixed holidays, and pensions?

(3) Constituting certain payments a prior charge on the pool.

This proposal does not, of course, affect districts which at present elect to be paid on the attendance basis, but the vast majority of areas have chosen the capitation basis, and what reason of any weight has been or can be adduced for the callous betrayal of our one cherished security?

When I took service under the Insurance Act I accepted for a certain payment the risk of sickness incidence amongst my patients, but I am most unwilling to accept the risk of my neighbour's psychology in the matter of the need amongst his patients for minor operations, anaesthetics, etc.

Looking at the report as a whole and disregarding for the moment the suggestions for alterations in certain administrative details (Summary, pars. x, xi, xii) which one might be pardoned for thinking the Commissioners capable of devising without the weighty advice of the Insurance Acts Committee, I shall be sincerely glad if any member of the Insurance Acts Committee will indicate a single item where the interests of the established panel practitioner have been safeguarded, much less forwarded.

May I, Sir, express the hope that your correspondence columns will soon show evidence of a more lively interest in the question than has been hitherto apparent? Is the present lack due to apathy or dismay? Is the profession asleep or suffering from concussion?—I am, etc.,

Liverpool, June 17th. R. PATERSON.

SIR,—I received to day a memorandum by the Medico-Political Union on the report M. 25 of the Insurance Acts Committee. I do not know if this is the product of the Council of this Union after due deliberation or whether it is the effort of the manager of the concern, Dr. Welply. It, however, is a most offensive effusion, and does not help one in any way to digest the report referred to. It complains that the question of remuneration is eliminated and that the reason for this is difficult to explain. I think this is clearly indicated in the report—that the services which may be required are *sub judice*, and that until these are decided upon it is impossible to discuss the remuneration.

The memorandum very offensively alludes to the leaders of the profession—"consultants, experts, and specialists," the "high brows of the profession"—and wonders why these were called in at all. Surely every man in the profession is interested in any legislation which affects the profession. If a large body of the public is to be included under the Insurance Act, this must affect non-panel men, and if consultants are to be called in under the panel scheme, this must affect consultants. Besides, I think it is very necessary that the men at the head of the profession should be consulted in the matter; they would be able to give unbiassed advice on the very important questions which are to come up for consideration.