

is our knowledge about this exceedingly complex problem to grow unless there is some co-ordination of methods and accurate recording of observations over a period of many years?—I am, etc.,

Credition, Devon.

MARGARET C. N. JACKSON.

Oedema of Extremities at Sea

SIR,—In the matter of Dr. H. E. Thorn's letter (June 5, p. 708) on oedema of the feet and ankles in fit men during a voyage, may I offer the conjectural fruit of my experience? I was on a liner for four years which crossed the Tropics every month, and this oedema was a regularly recurrent trouble in hot weather. So far as the crew were concerned—and they were supposed to be fit men—it often affected the same members voyage after voyage; it was confined to the victualing department—i.e., stewards, cooks, etc.—the deck and engine-room departments did not suffer. Rubber soles were an obvious factor in every case; habitual "scurriers"—e.g., bedroom and saloon stewards—were the worst victims; leather soles or cold weather relieved the condition. All the passenger accommodation on this ship—cabins, alley-ways, and public rooms—was decked with some rubber compound, and from these and other facts I came to the conclusion that the main cause was the insulation which this and the rubber soles made complete, and that an accessory one was the friction on the sole and dorsum of the foot which the abrupt rubber to rubber contact on walking created. So far as troops on transports are concerned bare feet for at any rate part of the day are the best preventive and cure.—I am, etc.,

Bekley, Sussex.

C. G. LEAROYD.

Nasal Intubation

SIR,—I have never been able to understand the objection by the rhinologists to this method. Is it because it was developed by the anaesthetist and not by the rhinologist? The article by Mr. A. R. Dingley (June 5, p. 693) is interesting, but it gives no more than the usual precautions which every anaesthetist takes when he employs this very useful procedure. Mr. Dingley admits very few complications, and at the same time suggests "lack of anatomical knowledge of the nasal cavity," faulty technique, etc. If an anaesthetist does not possess the anatomical knowledge—which I very much doubt—or is guilty of faulty technique, it is no reason why the method should be condemned. I think there is very little danger of doing harm if reasonable care is used—and it should be used in all procedures. I have seen much more damage done by the inexperienced during the oral approach than I have by the nasal one. I have seen one or two sanguinary encounters when an inexperienced anaesthetist has spent his time removing divots from the pharyngeal wall. Nasal intubation by a Magill tube is, to my mind, quite safe with reasonable care, and I have seen a life saved by the method when a lung abscess ruptured into a bronchus. The anaesthetist had not time to assemble the laryngoscope, but intubated blindly and suctioned. The patient made an uninterrupted recovery.

Mr. Dingley cites two cases which are of special interest: the first where the enthusiastic anaesthetist produced two pints of blood from the nose, and a second where a case of adenoids was nasally intubated. These two cases were obviously instances of wrong technique, but they did nothing to condemn the method. I think the method is ideal for oral surgery and especially for difficult dentistry.—I am, etc.,

J. B. H. HOLROYD,
Anaesthetist, Sheffield Royal Infirmary.

SIR,—Mr. A. R. Dingley in his article on nasal intubation (June 5, p. 693) says: "It is clearly unwise to pass a tube through a nasal passage the interior of which is a closed book to the introducer." I would point out that the experienced anaesthetist, when passing a nasal tube, gently explores the nasal airway, and can diagnose by means of his tube the nature and position of any obstruction that he may meet without inflicting injury on the mucous membrane, in the same way that a surgeon may diagnose the type and position of an obstruction in the urethra by means of a sound or catheter. This renders unnecessary the previous visual examination of the nasal airway, which Mr. Dingley advises should be done after cocaineization and with a head lamp.

Mr. Dingley gives no figures, but hints that virulent sinus infection is not very uncommon after nasal intubation for tonsillectomy. In my experience it is not common or virulent, one mild sinus infection having occurred in 500 cases (all soldiers) which were nasally intubated for tonsillectomy. Hewer in *Recent Advances in Anaesthesia* quotes 500 consecutive cases of nasal intubation for tonsillectomy without a complication sufficient to prolong the patient's stay in hospital.—I am, etc.,
Colchester.
DOUGLAS CLENDON.

Social Insurance and Medical Practice and Research

SIR,—Dr. E. M. Fraenkel, in his most interesting and suggestive letter (May 8, p. 583), points to the important part which university clinics on the Continent have played in scientific research. May I add that the part which sickness insurance on the Continent has played in this matter is just as notable. While, under the British system of health insurance, approved societies and insurance committees were hardly in a position to show much interest in the progress of scientific research and its socialization, the municipal and other sickness funds on the Continent have regarded this part of their duties as the most essential one.

Let me quote for this a description which Dr. G. F. McCleary, formerly a deputy senior medical officer of the Ministry of Health, has given in his book on *National Health Insurance*, 1932, page 53: "The General Local Sickness Society in Hamburg, for instance, has four institutes for artificial sunlight therapy, where about 7,000 persons are treated annually, and a large orthopaedic institute to which is attached a workshop for making appliances. Diagnostic facilities are provided on a large scale. The Institute of the Association of the Berlin Krankenkassen (sickness funds) contains chemical, pathological, bacteriological, and serological departments, and makes 5,000 to 6,000 examinations monthly. The miners' benefit societies have founded a number of hospitals, many of which are models of their kind, for the special needs of the population." No wonder, then, that, as McCleary observes, "the extensive range of the medical services provided by the German scheme brings the insurance societies into close relation with the great body of the medical profession in Germany."

To all those who, in common with the views often expressed by the International Labour Office in publications on social insurance, emphasize the organic, and indeed dynamic, link between medical science and sickness insurance administration, it must come as a shock that the Beveridge report aims at widening the gap already existing in this country between social insurance and medical practice and research. Social insurance funds will be entirely "separated" from medical service and research, to which they will only contribute just as a tax-payer contributes to the needs of the country. The ambition of local sickness funds to set up—in their own interests as well as in the interests of a higher human aim—the best possible service and to attract to it the best men of practice and research will be eclipsed in favour of a State scheme, of which we cannot say when it will come, what its comprehensiveness will be, and how far it will leave open the door for individual exertion so necessary in that great science—medicine.—I am, etc.,

Richmond.

HERMANN LEVY.

V.D. in the Merchant Navy

SIR,—I welcome Dr. J. C. H. Browne's exposure (May 22, p. 645), after a first-hand experience of it as ship surgeon, of the discreditable state of affairs that may still obtain at some ports and times to impede the proper medical care of the merchant seaman infected with venereal disease. Now Dr. Browne records his observations of the dire results to seamen, and the public health, of the absence of hospital accommodation for venereal disease at ports, and the interruption of other peacetime arrangements for continued treatment at ports of V.D. in seamen; while the third year of war found us in full and public agitation over the increase of V.D., especially in seamen and in the populace of our ports.

I feel sure that medical opinion can rightly be unanimous in pressing for: (1) in all ports, facilities for treatment that do in fact facilitate the seaman's finding treatment and keeping under it; (2) instruction in V.D. of the medical profession in