

which should pass also as many as possible of the other ranks. This might be efficient, but would not be popular, and the Territorial Force depends for its existence on its popularity.

I have purposely said and will say nothing on the subject of pay further than to point out that in comparing Territorial Force pay with that of temporary officers the allowances in the former case should be added, and to express my conviction that as the service to the State is equal in all arms, the pay of all arms should be the same in the corresponding ranks, and that such pay should be consolidated, and all the frills and intricacies of the Royal Warrant, allowance regulations, etc., abolished entirely.

I may, perhaps, be allowed to say, in concluding, that I served as a regimental M.O. in the Volunteers and the earliest days of the Territorial Force, and later in field ambulances, one of which I commanded on active service for over two and a half years, and for the last months of the war commanded a Territorial casualty clearing station, so that my experience has been as varied probably as that of any Territorial medical officer, which must be my justification for stating my views as above on the points raised.—I am, etc.,

Stafford, July 25th.

A. E. HODDER.

REFORM OF PUBLIC HEALTH ADMINISTRATION.

SIR,—As one who has for many years taken great interest in public health, and acted both as a member and also as an official of public bodies, may I congratulate "M.O.H." on his excellent letter with regard to reform of public health administration which appeared in your issue of July 19th, p. 91.

He thoroughly grasps the position of affairs, and it is obvious that the only way in which the new Ministry of Health can, as he says, be effective in local administration, in order that henceforth the numerous laws and regulations shall not only come into existence, but shall everywhere be put into effective operation, is by making the medical officer of health a State official, centrally appointed and controlled. Those of us who are holding the position of medical officer of health, one which is as a rule underpaid, with responsibilities increasing every day, were, I am sure, all disappointed that no such proposal was adopted when the Act for setting up the Ministry of Health was passed; for it is clear to all that unless the medical officer of health is an official of the Ministry, and not of the local council, things will be no better in the future than they have been in the past under the régime of the Local Government Board.

Then, again, there is another most important point, namely, what attitude is the new Ministry of Health going to take up in dealing with local councils? Is it going to continue the policy of the Local Government Board and simply advise, suggest, and recommend, knowing in nine cases out of ten its advice will be ignored?

As an instance of the opinion held by local bodies I may mention that the clerk to a rural district council said to me the other day (and, as is well known, the rural district councils are the greatest offenders in neglecting to carry out the Public Health Acts): "The Local Government Board would never enforce anything which was contrary to the wishes of the local authority."

In the county in which I live there is a splendid opportunity for the Ministry of Health to divide up a large district, so that it can be conveniently administered as "M.O.H." suggests; it remains to be seen whether the new Ministry will take active steps in the matter or simply advise, suggest, and recommend.—I am, etc.,

July 20th.

ANOTHER M.O.H.

SIR,—I should like to endorse all that "M.O.H." says in your issue of July 19th, p. 91. Now that we are at the beginning of reconstruction I know that several of us working in urban districts are destined to offend certain members of our councils at no distant date by our action with regard to insanitary property. It is quite probable that the Ministry of Health will give security of tenure to all whole-time medical officers of health in the immediate future; but this measure will not remove our difficulties, inasmuch as offence given to some members of a council is calculated to keep a man at his commencing salary of £500 a year for a very long time.

The Home Office were evidently in earnest with regard

to the efficient administration of the Factory Acts, and entrusted the work to their own inspectors rather than to local councils, with the result that the demands of a factory inspector are immediately complied with, and that official has nothing to fear from local influence. In the public health service things are quite different, inasmuch as men are found on almost all councils who have contrived to get there to safeguard their own private interests, the interests of commercial undertakings with which they are connected, and to see that as little as possible is spent on public health "fads."

If the Public Health Acts are to be efficiently administered, medical officers of health must be as independent of local reactionaries as factory inspectors. I have never heard of any reason as to why they should not.

With regard to what "M.O.H." says about our ill-defined duties, I should like to add that, however well-defined our duties may become, this will not prevent councils adding to them duties which should be done by a general medical practitioner, and the man who refuses to take up these new duties will find it to his disadvantage when he asks for an increase of salary. I think that a medical officer of health should confine himself to preventive work, and that vaccination should be included among his duties, but that all treatment should be given to clinical men, and should include school clinics and infectious diseases hospitals.—I am, etc.,

July 21st.

S.M.O.

ENUCLEATION OF TONSILS WITHOUT AN ANAESTHETIC.

SIR,—I have read with much interest the correspondence on sudden death under an anaesthetic. The conflict of opinion as to the relative advantages of different anaesthetics and the methods of their administration leaves the matter still open. I desire to advocate operative interference without any anaesthetic, which I believe in the great majority of cases is unnecessary, and adds uncalled-for danger both at the time of the operation and subsequently—the latter from possible bronchial and pulmonary irritation, where children shortly after the operation are sent home whatever the time of the year or whatever the weather; this is necessary in school and out-patient clinics. There is also in children the possibility of delayed chloroform poisoning in cases of acidosis. During the last twenty years I have operated upon 16,000 cases, during the first period with and for the last ten years without, an anaesthetic. I am aware that objections have been raised from the humane point of view, but it is by those who have not had much experience of it in the hands of an expert.

This is neither the place nor time for any description of the method, which I hope to give fully in a subsequent communication, but I may now say that 90 per cent. of all classes of cases combined can be enucleated as well without as with an anaesthetic. After the age of about 15 one can, after injection of a weak solution of cocaine and adrenalin chloride into the peritonsillar tissues, enucleate the great majority of tonsils by dissection, by the guillotine, or by a combination of the two. A small number almost completely fixed in their beds by frequent attacks of peritonsillitis and a few very nervous individuals may require, in addition to this local anaesthesia, a general anaesthetic, but such cases are not frequent.

This morning I enucleated the tonsils of a youth of 18, who desired to join the navy. After an injection into the peritonsillar tissues of $\frac{1}{2}$ grain cocaine, 12 minims of adrenalin chloride (P., D. and Co.), and 1 drachm of hot sterilized water, I gave it three minutes to act, during which I enucleated the tonsils and removed the adenoids of two children without an anaesthetic. I mention this to point out the ease and rapidity of the methods of both local anaesthesia and of no anaesthetic at all.

I frequently have three or four cases in succession where the children scarcely make a murmur. Of course when the child comes into the theatre crying it will continue to do so; but, generally speaking, I do not think there is any more pain than in the extraction of a tooth, and frequently not so much. There is not half the loss of blood, bleeding generally stopping in a few minutes, and the patient is generally ready to go home in half an hour.

More than two hundred medical men have had experience with me of this method and have expressed their agreement with it. If it had been universally followed the