concerned. This would prevent local wire-pulling and give them a status superior to officers appointed locally. They should only be removable by the authority by whom they are appointed. They should not be appointed for a limited time only, and if whole-timers they should be entitled to superannuation.

The Commissioners are already empowered by the Act to make these appointments, but where the money is to come from to pay them I do not know.

There are several other important matters which I will mention briefly, as I do not wish to take up too much time.

Mileage.

A grant has been made for this purpose, but it is absurdly inadequate. As the principle has been admitted, it will be the duty of Medical Committees to see that their districts get a fair share of the grant, and also to collect evidence to quote to the Commissioners that it is inadequate.

Certificates.

Among the minor worries of a panel doctor's life there is nothing more irritating than the constant duty of writing certificates. These have been multiplied of late by the approved societies, and I think we ought to have an authoritative ruling as to what certificates are required by the Act and what ought to be paid for. It is a question, too, which requires answering, whether we are bound to indicate the nature of the disease from which the patient is suffering, and if so, whether the Act sufficiently protects us from an accusation of having committed a breach of professional secrecy.

Itinerants.

The last point I shall mention is the intricate case of persons moving from one district to another, either for a holiday or for a change of air during convalescence, or for some other cause. To take money from the panel doctor in the district from which the patient removes to pay the doctor for attending him in the district to which he goes, is a breach of the agreement which entitles every practitioner to 7s. per annum for each person on his list.

The only satisfactory solution of the difficulty is for the Government to make a special grant. If that is refused, doctors and patients should be allowed to make their own arrangements.

CONCLUSION.

How are we to obtain these reforms? There is only one way. We must act loyally together, not allowing any selfish individual interests to divide us. We do not sufficiently trust one another. Want of trust is

The little rift within the lute,
Which by and by will make the music mute,
The little pitted speck in garnered fruit,
That rotting onward slowly moulders all.

With us union can only be achieved through the British Medical Association. The Association has made mistakes, but it is to the action of the Association through its various committees, and especially the State Sickness Insurance Committee, of which Dr. Cox is Secretary, that all the improvements in the administration of the Act are due, including the increased grant of one and three-quarter millions to the fund for medical benefits.

Medical men who are enjoying these extra fees and have not yet joined the Association should consider whether it is fair to allow the Association to work in their interest without making any return.

I hope in time the Association will include the whole of the practitioners of this country. We should then speak with an authority that would make our demand for all reasonable reforms irresistible.

I cannot conclude without paying a tribute of admiration for the work of our Local Medical Committee. I have carefully read the minutes of the various meetings of the West Riding Medical Committee, and am filled with admiration for the way they have worked for us and guarded our interests. They have an admirable chairman in Dr. May, and no committee could have a better or more indefatigable secretary than Dr. Eardley.

There are several other matters I should have liked to discuss, such as the question of extra payment for night calls and the franking of correspondence with the Insurance Committees, etc., but as we have some interesting scientific papers to listen to I will now conclude, thanking you for your kind attention.

ACUTE ENDOCARDITIS FOLLOWING GONORRHOEA.

By A. WILSON GILL, M.D. EDIN.,

HANLEY, STAFFS.

THE history of the following case is of interest in so far as it records the onset of acute endocarditis occurring soon after a sharp attack of gonorrhoea. It has been recently suggested that gonorrhoea is a more common cause of endocarditis than is usually supposed, but it is a causal factor as yet not commonly recognized. The record of this case tends to confirm this view.

The patient, who was 44 years of age, an engineman by occupation, contracted gonorrhoea about December 21st, 1912. His social conditions were good. He lived in a comfortable house and occupied a good position; he was a heavy smoker and practically a teetotaler; he had never had rheumatic fever nor any serious illness.

I saw him first on December 29th, 1912, on which date I began treatment by means of injections consisting of alum sulph. gr. 15, zinc sulph. gr. 15, pot. permang. gr. 1, dissolved in about one pint of water, and administered by means of a tank and catheter. He received one injection every day, and on January 21st he was completely cured. He reported himself about ten days afterwards quite well except for vague pains, which were thought nothing of.

I saw nothing more of him for about three weeks, when he again reported himself, and I was struck with his appearance. He complained of some shortness of breath and slight pain over the heart, and also of slight pains in his joints and in the back. He told me that since the Insurance Act came into force he had been under his insurance doctor, who diagnosed influenza, and at the same time told him that his heart was not strong. He had been advised to go to bed, but he could not rest there. At this time he was rather pale and easily exhausted, complaining of considerable dyspnoea but unwilling to give up work.

I lost sight of him for a week or two, and when I saw him again he was obviously ill, but still walking about. The shortness of breath was more distressing. The pains, though not severe, were still present, and his whole appearance suggested a severe toxæmia. His colour was ashy grey, almost slightly jaundiced, but he was still under treatment by his insurance doctor, so I had no opportunity of examining him.

On May 4th I was sent for to see him, as he was much worse. I found him in bed, very restless, and tossing about, as he could not get his breath. He had no appetite, and his temperature was 102° F. He was obviously very ill, and I did not care to disturb him much. I ascertained, however, that there were several crepitations at the bases of both lungs; that the liver was considerably enlarged, reaching almost to the umbilicus, and tender on pressure; and that both ankles were oedematous. The urine was scanty, but free from albumen. The pulse was regular, somewhat rapid, and of low tension. The apex beat was not palpable, partly owing to the thickness of the chest wall, and partly to the feeble action of the heart. By percussion, the apex appeared to be in the fifth space, about 1 in. outside the nipple line. The heart sounds were rather faint. At the apex there was a reduplication of the first sound, and a very faint systolic bruit, not conducted to any extent. Over the aortic cartilage a short systolic bruit was also evident.

Owing to the great restlessness of the patient, I did not examine him as fully as I should have liked, but insisted upon his staying in bed, and ordered a milk diet, and gave suitable drugs.

A bad prognosis was given to the friends.

Next day he felt better, having had a good night's sleep, but was still very restless, trying to find a comfortable position.

On May 6th I was sent for at 8 a.m. When I got to the house, the patient was dead, having jumped out of bed in an attack of cardiac asthma, and immediately collapsed.

There can be no doubt, I think, that the cause of the endocarditis in this case was the preceding attack of gonorrhoea, as the joint pains complained of were never like those of rheumatic fever, and the whole sequence of events seemed to date from this illness.