personal experience of the operation of paracentesis thoracis." In reference to healing up the orifice or keeping it open, Sir Thomas remarks: "On this point practical men differ. I should say, if pus comes out, by all means make the aperture large and keep it open; and inasmuch as detention of the pus would be injurious and the depending point is difficult to hit, and the orifice is apt to clog, I would do more than leave it open; I would draw the puriform fluid off twice a day by a siphon; if serum be let out, by all means close and heal the wound." He then mentions the circumstances under which he would re-open the wound. When I see fluid let out of the chest with that beautiful instrument, Dieulafoy's aspirator, I recall the only occasion on which I saw paracentesis thoracis performed at King's College Hospital. It was in 1858, and the fluid was conveyed, not through an india-rubber tube into a basin, but through a piece of chicken's intestine, the distal end of which rested under the surface of water which had been poured into a bucket.

When I went to King's College Hospital in October, 1855, Sir William Fergusson was in the height of his fame, and the brilliancy with which he performed an amputation or a lateral lithotomy, the delicate manipulation with which he operated for cleft palate, attracted many visitors to his theatre. Amputations, however, were becoming less and less frequent as the conservative method of excising the diseased joint, instead of removing the limb, was becoming more generally adopted. Indeed, Sir William Fergusson and Mr. Syme of Edinburgh were two of the chief pioneers in this branch of operative surgery. This was, of course, twelve or fifteen years before the introduction of antiseptics, but since this great revolution in treatment excisions have been more frequently undertaken and with more satisfactory results. But just as amputation has been superseded in suitable cases by excision, so excision is nowadays superseded by arthroectomy. In this operation, instead of sawing off layers of bone, diseased foci only are gouged out, and the resulting cavities are disinfected by carbolic acid and packed with sterilized iodoform. Influenced by Sir William Fergusson's great reputation, and attributing to him a power which he did not possess, many patients came to see him under the impression that he could restore to its normal flexibility and usefulness, in the course of a few days, an arm which had been fractured and from which the splints had only just been removed. He always treated these people with great kindness and sympathy, and informed them that in due course the limb would be as good as it was before the accident. He also instructed them to come and see him again in three months if by that time the limb had not recovered its normal flexibility and usefulness. Knowing, however, as he did that most of these patients would not be satisfied unless they had "something to take," he almost invariably told his house-surgeon to order them 5 grains of compound galbanum pill three times a day. The composition of this pill, I remember, was galbanum, myrrh, sagapenum, asafoetida, soft soap, and treacle.

In these days, when so many people are knocked down and run over by motor omnibuses, motor cars, and motor cycles, serious internal injuries are often sustained, which render it necessary to make an incision through the soft parts between the ribs and the hips, or, in other words, to do a laparotomy, for the purpose of exploration. Before the days of aseptic surgery this procedure would have been regarded as unjustifiable. Since its adoption, however, tears in the stomach, intestine, bladder, and other organs have been stitched up so as to prevent any further escape of their contents into the peritoneal cavity, and in this way many lives have been saved which would otherwise have been lost. Death from internal haemorrhage has also been prevented by discovering the bleeding vessel and ligaturing it. It is a very wonderful indication of the advance which has been made in operative surgery since the aseptic method of treatment was adopted, that cases are on record in which the entire stomach has been successfully removed, and that it is now no uncommon occurrence to remove the kidney, spleen, gall bladder, prostate gland, and uterus; to suture a perforating ulcer of the stomach, duodenum, and other portions of the intestine; to excise a diseased part of the stomach or intestine, and to unite the proximal and distal ends by suture. It has now even been undertaken to open the

skull and remove a tumour from the brain, and to open the spinal canal for the removal of tumours from the spinal cord.

An American surgeon is said to have succeeded in transplanting the limb of one animal to some other animal, and in the transference of vital organs, such as the kidney, from one animal to another. We live in an age of wonders, and it will not be surprising if what has already been done for certain of the lower animals may be accomplished for human beings.

When we reflect on what operative surgery has accomplished between 1836 and 1913, we are disposed to wonder what its record will be at the end of the century, and perhaps to regret that we were not born seventy years later, in order that we might see the still further progress which will be made, not only in surgery, but in art, literature, and all other branches of knowledge. We ought to be very thankful that we have been allowed to live during a portion of the century which has been more remarkable than any of its predecessors for the discovery and invention of appliances which have added so much to the interest and enjoyment of life, and it is our duty to do our best to continue the good work which was carried on by those who have gone before us.

YORKSHIRE BRANCH.

THE DEFECTS OF THE INSURANCE ACT AND THEIR REMEDY.

By WILLIAM STANGER, F.R.C.S.ENG.,

President of the Yorkshire Branch.

THE Insurance Bill threatened to place us in an entirely new relation to the State. It imposed upon those who accepted it a statutory obligation to attend insured persons. Our responsibility would therefore be doubled. Before it was to the patient alone, now it would be to the patient and the Insurance Commissioners. It is true many of us had been accustomed to take clubs, but this was partly as a charity, and the tie which bound us to clubs was one of mutual good will. We had not to keep records, file prescriptions; there was no question of medical inspection or of a court of complaints.

When the bill became an Act of Parliament, we were in this position: Those of us who had clubs found that almost all former club patients were now insured persons, and, worse still, many of our former private patients were now entitled to medical benefit in return for their weekly subscription of threepence or fourpence. We were therefore threatened with a great loss of income unless we accepted the Act.

In the meantime, owing to the action of the British Medical Association, and our unanimous refusal to work the Act as at first passed, the Chancellor was forced to make certain important concessions. The inadequate sum of 6s. was raised to 8s. 6d., or rather 9s., including 6d. for tuberculosis. The records were to be of the simplest kind. The medical inspection was declared to be only for statistical purposes, and the court of complaints was transformed into the Medical Service Subcommittee. The profession was very reluctant to give up its old freedom, which it valued far more than money. At the same time, it was felt that refusal to work the Act would mean to many men working in industrial districts absolute financial ruin, and this feeling became so strong that, when the time came to decide, a large majority of medical men, driven by economic necessity, resolved to accept the Act. At the present time, 13,600 doctors are treating 14 millions of insured persons.

On the whole, the Act has proved financially beneficial to those practitioners who work in industrial districts. In some cases their incomes have been doubled. On the other hand, doctors who work amongst the middle class have in many cases suffered a great loss. Patients who were well able to pay a moderate bill have to be treated now for 7s. a year. Doctors who practise amongst the upper class, and consultants and specialists, are not affected by the Act.

As we have accepted the Act, though with reluctance, it behoves us to try and improve it either by amendments to the amending bill which has been introduced, or by

pressing for improvements in the local administration of the present Act.

One great improvement has already been effected. I refer to the substitution of the card system of records for the old cumbersome day book.

I agree with Dr. Barnes, in his address to the Medical Defence Union, that it is important for doctors on the panel to keep careful records of the work they do, so as to be able to demonstrate the inadequacy of the present rate of payment.

We ought to press for increased representation on the Local Insurance Committees, and we ought also to be well represented on all subcommittees. The chief work is done by the subcommittees and then passed rapidly through the Insurance Committee's meetings; it is therefore specially important that we should be well represented on them. It is also most important that our representatives should be allowed to send deputies to take their places when they are not able to attend themselves.

The Medical Service Subcommittee, on which we are well represented, has taken the place of the proposed Committee of Complaints. So far it has proved useful. It is important, however, that its reports should be private, and that the same secrecy should be observed when the report is presented to the Insurance Committee. This, I am pleased to say, has been conceded by the West Riding Insurance Committee.

Miscarriages and Abortions: Anaesthetics.

The Act was rushed through Parliament in such a hurry and with so little consultation with the medical profession that it is full of injustices. What can be less equitable or less in accordance with all previous contract medical practice systems than to include attendance on miscarriages and abortions as part of medical benefit. These cases are often more troublesome than ordinary confinement, and should be paid for separately. It is the first time that any contract system has included attendance on persons for diseases caused by their own misconduct. By the Act, although payment for sick or disablement benefit is disallowed in these cases, they have a right to medical attendance. This is an anomaly against which we protest. One of the most absurd things in the Act is the inclusion of the administration of a general anaesthetic as part of the medical benefit to which insured persons are entitled. It was never the case under the club system, and I do not think insured persons desire it; but if they insisted on it as a right, it might lead to the dangerous practice of giving an anaesthetic and performing an operation simultaneously. They have no right to the service of any doctor except the one on whose list they are, and it can never have been expected that the doctor should pay the anaesthetist himself.

Malingering: Medical Referees.

A subject which has been exercising the minds of the profession is the question of medical referees. Malingering or valetudinarianism is a growing evil; it is not a new evil. Schoolboys have been liable to it, I suppose, since schools were invented. It has always been common in the army. It was aggravated by the Workmen's Compensation Act, and will no doubt go up by leaps and bounds under the Insurance Act. I am afraid that women are likely to be the greatest offenders. We hear of villages in Scotland where traumatic neurasthenia is a common subject of conversation. Under the old club system malingering was checked to some extent by the jealous watchfulness of the other members of the club, who were quick to note and report any sign of shamming. This check is absent in the Insurance Act. It is no one's interest to detect and expose the imposture. I have heard that men have openly boasted over their cups how they have cleverly deceived the doctors. Members of clubs, too, had a feeling of comradeship which made sponging on their fellow members almost impossible to a man of average moral sense. That feeling will be lacking in these huge approved societies with their thousands of members. Again, members of clubs entered them voluntarily, but insured persons are now forced to contribute, and many, I believe, are determined to get nimpence for their fourpence.

Now, medical men are not by training fitted to be detectives. We are accustomed to listen to complaints of

our patients with sympathy, and all we think of is how to cure or relieve them. It is therefore important that in cases where we suspect fraud we should be able to call to our aid some man of special qualifications and aptitudes for the detection of malingering.

A medical man's position with regard to his patient is a delicate one. He is bound by strict rules of professional secrecy. He is also in a very vulnerable position, and any reflection on the bona fides of his patient might have very unpleasant consequences. In Bristol a physician has been appointed. He is called the medical adviser. His duties are to visit any case when requested by the medical attendant, the approved society, or the Insurance Committee, and arrangements are made so that an insured person does not know who sent the referee. This is an important point, as it prevents the friendly relation between doctor and patient from being disturbed. The Secretary of the Bristol Medical Committee reports that the appointment is working most satisfactorily. He is not a whole-time officer. He is paid at present £50 a quarter, which works out at 10s. a case. He was appointed by the Insurance Committee, which agreed to appoint the nominee of the Medical Committee. He is paid by the Insurance Committee out of its own funds.

In London it has been decided to appoint referees, but the details have not yet been worked out. If we decide that a medical referee is desirable, there are several questions to be considered:

I. Should there be one or more referees to an area? I myself think that in large areas like the West Riding there should be at least three referees. We cannot expect any man to have a universal knowledge of the art. Each man should be an acknowledged authority in either medicine, surgery, or such special branches as the eye or throat.

II. Should they have other duties? I do not see why these men should not act as advisers, not only in cases of suspected malingering, but in obscure cases where in private practice a second opinion would be desirable. A serious defect in the Act is the absence of any provision for a second opinion in the obscure and difficult cases we meet with from time to time. When the bill was introduced it was promised that the insured persons should have the same medical skill at their command as the rich have always had. Medical science has made such great advances of late years in all directions that it is impossible for a hard-worked general practitioner to keep pace with them. Instruments for diagnosis, such as the laryngoscope, the cystoscope, the ophthalmoscope, and many others have been invented, mastery of which requires a long course of training. A busy practitioner cannot be expected to take differential blood counts, to make x-ray examinations, determine the blood pressure, or the opsonic index. Then there is the wide field of bacteriology, in which we must have help from men of special training. If the promise of the Government was sincere, arrangements would be made so that the panel doctor would be able to secure specially skilled help when he required it. I suggest that the medical referees, who will be chosen for their special skill in diagnosis, should also act as consultants. This is a private opinion of my own, and is not part of the programme of the British Medical Association.

III. Should they be whole-time officers? Dr. Cox thinks they should not, and I agree with him, and so does Dr. Eardley, from whom I gratefully acknowledge many admirable suggestions in preparing this address. Dr. Cox thinks that "a whole-time officer would soon degenerate into a more or less one-sided individual, a mere detective, who would be to some extent out of touch with our actual practice in its many and varied phases." It may be a question, however, whether this would be the case if he were to combine the duties of referee in cases of malingering with those of a general consultant.

IV. Should he be a panel doctor? The opinion of the British Medical Association Council is that he should not be on the panel. That, I think, we shall all agree to, but it might be an advantage to have a man who has been on the panel, and so gained an experience of that class of work.

V. *Method of Appointment.*—The view of the British Medical Association, with which I agree, is that the referees should be appointed centrally by the Commissioners on the nomination of the Local Medical Committee

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.