

mindful men on our side, but to make an all-round defence of everything that has been done is mere folly.

I am, Sirs, yours truly,

Birmingham, Nov. 28th, 1892.

LAWSON TAIT.

### "DEATH FROM IRRITATION OF ASCARIDES."

To the Editors of THE LANCET.

SIRS,—I think I may claim to have strong testimony to support Dr. Beaven Rake's contention in your last issue of the important part which human entozoa play in the etiology of disease. I have just completed a voyage in charge of 557 Indian coolie emigrants from Calcutta to Demerara that occupied eighty-seven days. Last year, from symptoms I observed in a similar cargo bound to Jamaica, I was led to suspect the general presence of round worms in Indian coolies. Gripping pains, obstinate sickness and the presence of whitish shiny stools streaked with blood and passed with great frequency, and tenesmus, and the fact that these stools were extremely offensive, quite unaccompanied by dysenteric collapse and formed the commonest symptom observed, all appeared to point to this cause. This year, within a fortnight of embarkation, I weighed every coolie, and then administered santonin to each emigrant above two years of age, which produced 989 round worms. The largest number produced by any individual was thirty-seven, but I have good reason to suspect that large numbers escaped my tally, both in the preliminary sea-sickness which attacked the entire shipment and also from their belief that a second dose of medicine would be the inevitable result of such a confession. Allowing a two months' interval to elapse, I again weighed every coolie on board the ship, and I was able to prove a net increase of 2420 lb., which, taking 110 lb. as a fair average weight for an adult, represented twenty-two extra labourers on board. This result, though doubtless due to the generous dietary provided by the Colonial Governments in some part, may, I think, be not unfairly attributed to the fact that this large number of round worms had been expelled which would otherwise have caused grave interference with the digestive functions and prevented the due assimilation of food products. In conclusion, I would mention that in one case, a child aged two, who died, no symptom save debility could be discovered, and upon making a post-mortem examination a round worm was discovered in the small intestine, but no further evidence of visceral disease.

I am, Sirs, your obedient servant,

PERCY RENDALL, M.D.

Devonshire Club, St. James's, S.W., Nov. 28th, 1892.

### "MEDICAL AID ASSOCIATIONS."

To the Editors of THE LANCET.

SIRS,—I have always been disinclined to enter on a newspaper controversy, which as a rule results in so little good, but I cannot allow the assertions of Dr. Leslie Phillips and others to pass unchallenged. As to the working of medical aid associations in other towns I know nothing, but I must emphatically deny that the Manchester United Friendly Societies' Medical Association, of which I am one of the surgeons, trade on the services of their medical officers and make a profit out of their work. The published report and balance sheet of that Association for last year show a balance to their credit of £14 9s. 2½d. (no interest at all having yet been paid on money borrowed for fitting up surgeries &c.)—not much of a profit for twelve months' work. I am confident that the first use to which a larger balance will be put will be to increase the salaries of their surgeons (in the case of one this has already been done unasked) or to lighten their work by opening another surgery, thus dividing Manchester into four districts instead of three, as at present. No canvassing for families is carried on here, the only eligible ones being those of members of one of the societies forming the Association, and as far as I have been able to see the only reason for combination is the benefit of the members, as under the present system they obtain the services of a medical man who devotes himself entirely to attendance on them, and with whom the question of expense does not arise, he being able to obtain anything necessary for their efficient treatment for the asking. Looking at the matter from the club's point of view, I quite agree with

this. Medical men admit that the remuneration from clubs is too small to expect proper attendance, and from my experience as an assistant—which has been extensive—I should not care to be treated as a club patient in the usual way. No profit is made out of our attendance on midwifery; the whole of such fees, together with those for vaccination and reporting infectious cases, belong to the surgeons. Further, no "covering" of unqualified men can occur, as there are no assistants.

I entirely fail to see in what way my conduct can be considered "infamous in a professional respect." Nothing could be more contrary to my intentions, and when it is shown that I am acting in any way derogatory to my profession I will resign without any coercion from the Medical Council, who will, I feel sure, first consider many other matters—really disgraceful to the profession of medicine before they are induced to interfere in this. There can surely be nothing wrong in my preference of an appointment worth almost double that of an ordinary assistant, or in being responsible to a lay committee and paid by them. The medical staffs of all hospitals are controlled in like manner, and the appointments to large works, collieries and unions are held under both such conditions. So far I have been treated with every consideration, and am perfectly uncontrolled so long as my duty is done towards the sick members; and I certainly cannot be dismissed without three months' notice, unless for gross misconduct. I honestly believe I am practising my profession in a perfectly honourable and legal manner, and am free from the jealousy and ill-will found amongst my medical brethren in private practice, caused by the struggle to obtain patients. At any rate, I prefer my present position to running a sixpenny dispensary, or a private club (admission fourpence per family per week), or acting as assistant to another man, working like a slave, entirely for his interest and profit, for a mere pittance, and having one's opinion and treatment regularly and unceremoniously set aside and the impression conveyed to patients that an assistant is altogether an inferior being; or if perchance he should become too popular, some excuse for dismissal is soon found, and this to a married man is a serious matter, all chance of a livelihood in the same neighbourhood being quite out of the question through the terms of a stringent agreement. I should also be glad to know in what way my attendance on a number of united clubs differs from that of any other medical man on a single one, the contribution per member for the medical attendance being exactly the same in each case. Naturally I should, in common with most men, prefer a lucrative private practice, but to a young medical man without means this at the outset is impossible; but in simple justice, judging by my own treatment so far by a medical association, he might do worse than accept one of their appointments, which, with stated surgery hours, rules as to the sending of messages, holidays &c., is in some respects preferable to private work.

I am, Sirs, yours faithfully,

Manchester, Oct. 24th, 1892.

VERNON MOSSMAN.

To the Editors of THE LANCET.

SIRS,—Brevity is so important to us all that I must ask you to excuse me if I imitate, in a minor degree, the curtness of such succinct phrases as "systematic robbery" and "grotesque indecency," and request my opponents to translate my terse expression into more diffuse and polite language. Most of the letters of the malcontents are simply nonsense. Here is a quotation from one of them: "He [the surgeon] is the *paid servant* of some person or persons not connected in any way with the medical profession. This is a most undignified and indefensible position." Thus this correspondent, in order to prove his own conduct infamous, calmly insults the medical staff of the Army, the Navy, the Poor-law Unions, County Councils, and many other bodies. The next sentence in the same letter accuses me of incompetency because (not having capital) I cannot get a larger income in private practice than I have at present. I confess I can produce no reasoning which could make an impression on this gentleman, and I therefore pass by his three letters without further notice. Another correspondent asks me to master the facts in the case of the gentleman who received *only* £250 a year after five years' service, though the writer must know that the officer referred to was paid much more than the "market value" of medical men with such, and so recent, qualifications. If the advertisements are an index the L.S.A. of recent standing can be employed for £60 a

year, in-doors, and I have not heard of one who would sneer at the larger salary named. The subject is unpleasant and I quit it with pleasure, even to point out the remarkable mistake of another writer who speaks of the associations as "charitable institutions," the very thing they are not. He goes on, indeed, to propose that when all expenses have been paid the members should offer the rest of their pence to the surgeon; but whatever future claim such actions may give them to be considered charitable they have none at present. One of our opponents estimates the applications for a vacant appointment on our staff at forty, another at fifty, and they thus expose the baselessness of all the talk about our salaries being "miserable pittances," our condition "servitude" and our employers "sweaters." This one fact, that we are envied by a body of medical men at least forty or fifty times as numerous as ourselves, shows beyond dispute that if we are badly paid, enslaved and "sweated" by our employers, a vast number of qualified men must be treated still more badly by their employers. Why, then, waste sympathy on us, when we are, comparatively at least, well off? At the same time, if there are any better positions to be had, we shall be glad to hear of them, and, if we can get them, we shall, I promise, resign our present appointments in a body. None of your correspondents have succeeded in framing a definition of "covering" which would include us and exclude the man who takes up a deceased brother's practice on condition of sharing the proceeds with the widow, or him who buys a practice with borrowed money and goes shares with the money-lenders. If any financier will advance me £2000 on my guaranteeing him half the net profit of the practice I should buy, I shall be delighted to become working partner in the firm thus formed, and so, I do not doubt, would many of my opponents. And now I turn to Dr. Phillips' statements, which are like the talk of one thinking aloud, flinging among us half-formed ideas which he has never criticised himself nor expected anyone else to criticise. Take the assertion that the medical officer does all the work and earns all the income of the Association. Work is done for it by herb collectors, farmers, miners, merchants and drug millers, by the labourer and his men, by the dispenser, by those who have built the surgery &c., by the secretary or collector, by the committeemen (who see that each official does his duty), and by many others. The Association, needing the product of their labour, pays for the work they have done, and, needing also a doctor, pays him. The assertion that the latter does the work of all the others deserves to be met with a burst of laughter. Take next the statement that the Associations practise. Ten thousand men and women and 4000 babes in Northampton are solemnly declared to carry on a medical practice, and the medical officers are said to "cover" or conceal the nefarious doings of this army of unconscious quacks. Comment is needless. Take, then, the assertion that "the privilege of practising medicine for gain does not exist without the licence," and think of all the unqualified assistants, all the prescribing chemists and all the herbalists. Remember that the law prevents *no one* from practising for gain. Take, next, the insinuation that a qualification has no value if laymen can invest money in practices, and call to mind that it is the qualification which makes them prefer us to quacks, and that in the clerical profession the laymen do *all* the buying and selling, the clergyman being obliged to swear that he has not paid and will not pay for the advowson, and yet the clerical "qualification" has not lost its value. Dr. Phillips wastes a column in describing an imaginary prospectus which "could be drawn" by a company which "may" be formed, when a moment's reflection would have shown him that he was not dealing with the question at issue. Are we justified in acting as we do? That is the question; and the assertion that if we are justified certain others would be so is totally irrelevant. More than another column is devoted to declaring the difference between "combination" and "coöperation," as if we cared which word was employed. Bishops may combine and burglars coöperate, and the suggestion that the one word has a baser meaning than the other is not supported by any lexicographer or philologist. The idea of restricting the meaning of an English word—the derivation given is not quite correct, by the way—because of the meaning the Romans attached to certain similar words would be unworthy of a third form schoolboy. In reply to the statement that the Aids do not abolish middlemen, I beg to point out that medical men employing assistants are middlemen, and of the worst description, as they intercept over three-fourths of their assistants' earnings. The Aids, as I explained in a pre-

vious letter, supply the assistant with an equivalent for capital, and, besides providing him with all that is required for carrying on a practice (which a private practitioner has to pay for himself), give him a salary. Nearly the whole income is spent in this way, a very small sum being usually put by as security for the stability of the Association. The Medical Defence Union itself is a "legal" Aid Association, the lawyers doing much more of its work than we do of the Aids, and receiving only one-third of the income. The Union saves, pays rent, and employs other servants than its professional men, just as do the Associations, but while the latter pay their lay officers only 4 per cent. of the receipts, the former pays its secretary and clerks 8 per cent. The comparison is made closer by the fact that, though the Union sneers at the Aids as "trading companies," it describes itself, in a report now before me, as "a business company and not a learned society." The most baseless of all Dr. Phillips's assertions is that the Aids pay "as a rule from one-fifth to one-third of the income" to their medical officers. It appears from the reports, which are said to "substantiate" this statement, that they pay "as a rule" from 40 to 50 per cent.—a larger proportion than most medical men can devote to absolutely private purposes, and that no Association pays so little as one-fifth. May I ask its author to withdraw this erroneous assertion? I have no time now to show the worthlessness of the remedies mentioned, but if the surplus is to be divided among a portion of the Association's servants, of course the members will take care that there is no surplus; and the suggestion that we should derive profit from having the supplying of drugs in our hands strengthens the impression that the "club doctors" gave cheap drugs in improperly small doses. In conclusion, I wish to say that I think this attack is made on us at the instigation of the general practitioners, who wish to become "club doctors" once more, and to force us to serve them (for £60 in-doors) as of old. Hoping that this letter may induce your other correspondents to *think* on the subject, and cease to rush into print with raw opinions and impossible suggestions, I am, Sirs, yours truly,

Nov. 28th, 1892.

VERAX.

\* \* We have received an overwhelming amount of correspondence on this subject. We do not propose, however, to insert any more letters for the present, the matter having been referred by the General Medical Council for consideration by a committee—ED. L.

## DEATHS UNDER CHLOROFORM.

To the Editors of THE LANCET.

SIRS,—A patient aged fifty-seven was admitted to the infirmary on Nov. 9th, 1892, under the care of Dr. Carter, suffering from ascites, which was thought to be complicated by a tumour (? cystic) in the right pelvic region. The patient's consent having been obtained, it was decided to operate, and for this purpose she was transferred to Mr. Jordan Lloyd. On Nov. 12th, the heart having been examined, and being to all appearances healthy, chloroform was administered on a piece of folded lint. (Chloroform was given in preference to ether because of an asserted liability to pulmonary trouble.) The patient took the anæsthetic perfectly well and was in no way excited, respiration continuing evenly and deeply at normal rapidity up to the time when the skin incision had been made, when quite suddenly and without warning she became livid, made two or three shallow gasps, and breathing ceased. The heart was examined instantly and no sounds could be detected. The pupils were not dilated, being about a line in diameter. The tongue was well forward between the teeth during the administration. The head was lowered over the end of the table and artificial respiration, both by Silvester's and Howard's methods, commenced, but no air could be made either to enter or leave the chest. Insufflation of the lungs was tried by the mouth without effect; tracheotomy was then performed and insufflation again attempted through the tube, but without effect. Heart puncture made within a few minutes of the onset of alarming symptoms showed the cardiac muscle to be absolutely inactive. At the post-mortem examination the cardiac condition was not such as could be recognised by auscultation, there being no valvular lesions; nor was the condition of the heart muscle such as could have affected the duration and tone of the first sound in any marked degree.