on the income? I think not! So that we are faced with a certain expenditure annually of £37,000 and a very uncertain income to offset it. It is difficult to realize that the promoters of this scheme are in earnest, for surely that way bankruptcy lies. To read of the new officials who are to be created, and of the new expenses to be undertaken, reminds one forcibly of a modern Government bill. Still, assuming for a moment that these officials and these expenses are absolutely necessary, under the Newcastle scheme the money to pay them would have been there in fact and not in imagination.

In Part III, paragraph 30, the Committee suggest that men serving on a panel could make arrangements whereby their contributions could be deducted from the moneys due to them by the clerks of the Insurance Committees.

Also in Part IV, paragraph 34 (c) the Committee suggest that the contributions be paid into a special fund independent of the funds of the Association.

I wish here to point out that both these suggestions are in the Newcastle scheme, and though the Committee distinctly favour them in their scheme, yet in ours they threw them out as impracticable. The only difference between us is that in our scheme the contributions deducted by the clerks of the Insurance Committees would have been paid into a special fund in the hands of an insurance company. This, I contend, is far preferable, as then there could be no possibility of loss, for in the event of the death of a contributor all moneys paid by him would be returned to his heirs, plus 3 per cent. compound interest. Also all money paid into the fund would be credited with compound interest at 3 per cent. Is the Committee prepared to guarantee either of these conditions? I am afraid they cannot do so.

I should like to mention just one more point. Our Newcastle suggestion is that at the end of 1915, if there were no war, and the very extent of our fighting resources would assure peace, we place £300,000 to form the nucleus of a sickness, accident, and pension fund. Now, taking the number of men working the panel at 15,000, that represents an average of £20 a head. This £20 would at once bring about a considerable reduction in premiums. For instance, a man of 30 would be able to insure 4 guineas a week for an annual payment of £5 17s. 6d. Again, the same man would ensure an annuity of £50 at age 65 (or could take a lump sum) by an annual payment of £7 2s., and, in addition, in the event of his death before 65 all his payments would be returned, plus 3 per cent. compound interest.

The advantages of the Newcastle scheme over that of the Committee seem to me to be so obvious and so pronounced that further comment would be useless.—I am, etc.,

Newcastle-on-Tyne, July 9th.

E. F. PRATT.

A REAL DANGER TO THE BRITISH MEDICAL ASSOCIATION—DIVISIONAL AUTONOMY.

SIR,—I view with grave concern the future position of the British Medical Association if its local Divisions are to be allowed to continue to irritate or pin-prick its members through the power which they are now exercising in matters of policy which affect the whole of the medical profession, and not merely the parochial Divisions of its organization. The policy of the Association, as I understand it, should be carried out by its Divisions with the desire to encourage those who are not within its fold to enter.

I have felt for some time that one of the weak points in the constitution of the British Medical Association is the relegation of too much power to its Divisions in allowing them to start a policy, for good or ill, which may commit the Association to giving it its support without adequate consideration from a broader outlook by its Branches.

An illustration of many weaknesses which the Cardiff Division has recently shown is contained in the following letter which I received from its Honorary Secretary:

BRITISH MEDICAL ASSOCIATION.
Cardiff Division.

May 7th, 1913.

Dear Mr. Lynn Thomas,

I am instructed by the Executive Committee of the Cardiff Division to write and ask you if it is true as reported that you have been appointed Honorary Consulting Surgeon

to the Glan Ely Sanatorium, administered under the King Edward VII Welsh National Memorial.

Further, I am requested to point out to you that such an institution is not a charity, but is partly maintained by the State, and it is therefore highly desirable in the interests of the profession that you should not act in an honorary capacity.

I am,

Yours faithfully,

ARTHUR L. THORNLEY,

Honorary Secretary.

My official connexion with the King Edward VII Welsh National Memorial is shown by the subjoined extracts from the minutes of its Executive Committee:

Executive Committee, February, 20th, 1913, at Shrewsbury:—
“Resolved: That Mr. J. Lynn Thomas, C.B., F.R.C.S., Cardiff, be invited to accept the position of Honorary Consulting Surgeon to the Memorial Association.”

Executive Committee, March 28th, 1913: “The Secretary submitted a letter from Mr. J. Lynn Thomas, C.B., F.R.C.S., Cardiff, accepting the invitation of the Committee to act as Consulting Surgeon to the Memorial Association.”

The above information would have been placed at the disposal of the Cardiff Division either by myself or the association with which I am connected if it had been asked for as a matter of serious business. As I have had the honour in the past to be a member of the Council of the British Medical Association, may I be allowed to recall a principle which has guided me in my attitude towards the British Medical Association itself when matters of a national character are involved? When the first offer of the remuneration to the medical profession was made under the National Insurance Bill, I took the view that it was a matter which affected the *whole* of the profession, and pleaded that the machinery of the British Medical Association should be utilized to that end. This was done at a Branch meeting. Since the Chancellor of the Exchequer accepted the prevailing views of the profession on that point and raised the remuneration to the standard at which the National Insurance Act is being worked at to-day, the Cardiff Division has carried out a policy towards some of its members which has created a feeling of dissatisfaction and discontent to many of us; and, further, it has brought itself into public ridicule.

I wish to state that as long as I have the privilege to remain a member of the British Medical Association, I respectfully decline to recognize the power of a local Division to interfere with my actions in matters of a national character, and I am only prepared to discuss such actions, if questioned, with the highest tribunal of the Association itself.

I need hardly add that it gave me much satisfaction to continue to render every possible assistance to the Welsh National Memorial by becoming its honorary consulting surgeon, because I had been closely connected with it since its inception, long before the National Insurance Bill saw daylight, and the Act became a *fait accompli*.—I am, etc.,

Cardiff, July 2nd.

J. LYNN THOMAS.

TYPHOID SPINE.

SIR,—In connexion with the editorial on Sir J. W. Moore's case, may I remark that I long ago departed from my original belief that the condition was always a neurosis? With the introduction of the *x* rays evidence was soon found of organic change. Cases are not so rare as stated in literature. There were seven at the Johns Hopkins Hospital to 1903, and I have seen five or six cases in consultation. As Dr. T. McCrae states, there are three groups of cases: (1) With marked neurotic or hysterical features which may disappear too rapidly to permit the belief that serious bone changes are present. (2) Cases with periostitis or periosteitis. In his paper (1889) Gibney regarded the condition as “an acute inflammation of the periosteum and the fibrous structures which hold the spinal cord together.” In my first paper (1894) I held that spondylitis might exist. The case reported by Sir John Moore belongs in this group. (3) The *x* ray may show a chronic osteo-arthritis with the formation of new bone in the lower dorsal and lumbar regions.

Even in very chronic forms the outlook is good; suppuration is very rare. The rapid and permanent recovery with psycho-therapy and its accessories supports my original contention that there are cases in which the dominant factor is a neurosis.—I am, etc.,

Oxford, July 7th.

WILLIAM OSLER.