

tentatively used provided all arrangements are made for rapid delivery by some enlarging operation in the event of their purpose not being rapidly attained.

I am, Sir, yours faithfully,
Rotunda Hospital, Dublin. E. HASTINGS TWEEDY.

LEGISLATION IN ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—In his letter which appeared in THE LANCET of March 26th last Dr. Blumfeld very properly draws the attention of the profession to the proposed amendment by the Council of the Royal College of Surgeons of England to the important legislative recommendations of the General Medical Council in regard to anæsthetics. As Dr. Blumfeld points out, the suggestion of the Council of the College that registered dental practitioners should be permitted to administer certain scheduled anæsthetics for operations other than those of dental surgery would, if carried into effect, bring about one of the very evils which the General Medical Council is endeavouring to remedy—viz., the assumption by those who have received only a partial medical and surgical training of responsibilities and duties which can only be discharged satisfactorily by those who have passed through the full medical and surgical curriculum. I must confess that I am at a loss to understand such a suggestion, and I am glad to observe in the minutes of the meeting of the Executive Committee of the General Medical Council held on Feb. 21st last (p. 25) that this committee was unable to agree to the proposed amendment by the Council of the College.

The following is the resolution passed by the Executive Committee on the occasion of a communication from the Lord President of the Privy Council submitting the amendment proposed by the Council of the College of Surgeons, the "words proposed to be omitted" referred to in the resolution being those used by the General Medical Council in the legislative recommendations they forwarded to the Lord President of the Privy Council restricting registered dentists to the use of certain scheduled anæsthetics in dental surgery:—

That the Lord President be informed that the words proposed to be omitted were inserted advisedly by the Council, and in the opinion of the Executive Committee it is desirable in the public interest that they should be retained. The Executive Committee would point out that cases may occur in which, during the course of medical or surgical operations, commenced under anæsthesia produced by nitrous oxide or other "specified" preparation, it is found necessary at a later stage to resort to more potent anæsthetics such as chloroform or ether. In such a case it might endanger the patient's safety, and the success of the operation, were the anæsthetist unqualified to administer the latter, as under the legislation proposed an anæsthetist possessed only of a dental qualification would be.

It is a matter for congratulation that the Executive Committee of the General Medical Council have so fully realised one of the main objections to the proposal made by the College of Surgeons in regard to the administration of anæsthetics by dental practitioners. With the other objections Dr. Blumfeld has adequately dealt, and I fully endorse his views. I would lay particular stress upon one of these objections—viz., that under the proposed amendment the risk of general anæsthesia in patients suffering from grave constitutional conditions would greatly be increased. I would point out that it would be distinctly contrary to public interests and to the general spirit of the proposed reforms to expect practitioners who are not in the habit of meeting and treating general medical and surgical conditions clinically to take upon themselves the responsibilities of anæsthesia in general surgery. The vast majority of patients requiring anæsthetics for dental operations are in good or fair health, and though personally I am still of opinion that medical men are the proper persons to administer *all* general anæsthetics to such patients, it must be admitted there is but little risk to life when the safer of these anæsthetics are administered by qualified dentists who are not themselves operating. But if the proposal of the Council of the Royal College of Surgeons were to take effect we should have dental practitioners administering their scheduled anæsthetics to patients of a class totally different from that which in the ordinary routine of their work they are accustomed to meet. As matters now stand, such patients almost invariably obtain the services of two medical men (except in conditions of extreme urgency) whenever a surgical operation has to be performed; and we should be opening the door to a new and unnecessary danger were our

legislature to sanction the administration of general anæsthetics to such patients by those who have had little or no clinical experience to guide them. Moreover, *cæteris paribus*, the risk of anæsthesia is undoubtedly less in dental than in general surgical operations owing to the almost invariable preliminary insertion of the mouth-prop—a procedure which is largely instrumental in preventing obstructed breathing.

It is highly satisfactory that, with the one exception in regard to dentists, the Council of the College agrees with the proposals of the General Medical Council, and it is to be hoped that the report of the Departmental Committee, which will, I understand, soon be issued, will be equally favourable to legislation. Whilst many of us hoped that the General Medical Council in their proposals might have restricted the administration of all general anæsthetics to registered medical practitioners and the use of local (injected) anæsthetics to registered medical or to registered dental practitioners, there can be no doubt that their scheme to allow registered dentists to administer certain of the least toxic general anæsthetics in dental surgery is deprived of much, if not most, of its objections by the important reservation that, save in the most exceptional circumstances, the administration of the anæsthetic and the performance of the operation shall not be undertaken by the same individual. There can be no doubt, indeed, that the legislative recommendations of the General Medical Council deserve the unqualified support of the whole profession. They certainly meet the difficulties and requirements of the situation as well as they can be met and if, as I trust, they may shortly become law, a great public service will have been rendered.—I am, Sir, yours faithfully,

London, April 5th, 1910.

FREDERIC HEWITT.

ACCIDENT CLAIMS AS AFFECTING THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—I think that most medical men who have had much experience of work in connexion with the Workmen's Compensation Act will agree with Mr. Albert Benthall's strictures on the conduct of a small number of medical men who are constantly in evidence in such cases. These gentlemen are well known to medical examiners for insurance offices, &c. (and, unfortunately, are well known to the workmen also), as prepared to back any claim, *bonâ fide* or otherwise, in court or out of court. Fortunately, for the credit of the profession to which they belong, they are few in numbers, but their power for harm is not to be measured by their numerical insignificance.

Another most important matter is the question of providing special treatment for and, consequently, obtaining a certain amount of control over certain accident cases. It has always seemed to me that the absolute lack of any practical control over the carrying out of the treatment of a case is not fair to the insurance company and the employer. I am afraid that I cannot agree with Mr. Benthall in considering that "the great majority of working-men are honest" when it comes to a question of compensation for injury. I have examined some hundreds of cases annually during the past eight years, and it is my experience that there are very few which are not exaggerated, to say the very least, in some way or another. I think it would be difficult to find any Act of Parliament that has had so demoralising an effect as the one in question. For this result I think the insurance companies themselves are somewhat to blame. What is it that makes an injured man try and drag out his case to the uttermost? Is it the prospect of half-pay—and possibly club money in addition—with nothing to do? I think not. I think it is the prospect of his case being settled by the payment of a lump sum. I firmly believe that this method of getting rid of a case is at the bottom of most of the malingering that goes on. And everything is in favour of the man who is playing this sort of game. Granted that he is genuinely injured, what control is there over him to see that he carries out his treatment? He is probably either a club patient or an out-patient at one of the hospitals, and in neither case can the treatment he can receive be considered satisfactory. In the first instance the most suitable treatment can often not be carried out in his home (even if the man would take the trouble to follow instructions), and in the second because in the bustle and over-work of a crowded