anæsthetist in connexion with the operation, for which the last-named should rightly be made liable. In any case where the operator ascribed failure on his part to the act of the anæsthetist, but was prepared at the same time to justify that act in the circumstances of the case, and where the anæsthetist accepted the position indicated, a plaintiff would probably have too little chance of success to persevere in his claim. On the other hand, in a case in which the operator was prepared to be a witness on the side of the plaintiff, and in which the issue to be tried was whether the anæsthetist performed his task with a fair, reasonable, and competent degree of skill, the anæsthetist, while admitting that he acted wrongly from the point of view of a prudent or skilful anæsthetist, might allege that he did so under compulsion exercised by the operator. The anæsthetist will, of course, be liable for any default of his own committing, and it would not be easy for him in such a case as is here imagined to shift the responsibility.

The anæsthetist could hardly be held on any such occasion to be subject to the orders of the operator, so as to deprive him of his position of responsibility to the patient. His relation to the patient is similar to that of the operator, who very generally introduces him, but who, provided that he exercises reasonable care in doing so, cannot be deemed to incur any legal liability for the conduct by his colleague of his particular share in the operation.

We may turn from actions for negligence brought by patients to consider whether any other occasion might produce litigation involving the relations between an operator and anæsthetist. We may imagine special arrangements to have been made between an operator (a surgeon or a dentist) and an anæsthetist to work together. Under such a contract the mutual relations of the two parties might be defined and might differ from those which I have suggested above, so that either of them might be found suing the other for an alleged breach of an agreement to perform certain duties in a certain way.

I am, Sir, yours faithfully,

Feb. 24th, 1912.

JURISPRUDENTIA.

* * We do not think that such an arrangement is either likely to be met with or desirable. The cordial understanding between operator and anæsthetist necessary for the efficient performance of their respective shares in acts of grave importance to a third person will it is to be hoped long continue to prevent any possible differences of opinion between individual members of two branches of the same profession from being ventilated in courts of law.—ED. L.

THE MEDICAL PROFESSION AND THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—Your correspondent Dr. D. J. Munro brings forward the pledge. I confess that I wished and thought the pledge was dead. I remain under the impression that it died a natural death when the report of the Advisory Committee appeared, and that the Representatives occupied Jan. 17th and 18th in writing out the death certificate. When he says he is bound by the pledge he is in error, for he is in reality bound by the conviction that the terms and conditions of service are not satisfactory. With wider knowledge and after much thought I have arrived at the opposite conclusion. There are two parties diametrically opposed to each other. The terms of the pledge, therefore, are impossible of accomplishment—"satisfactory to the whole profession." A compromise has been arrived at to give the Act a fair trial for three years. The resolution of the British Medical Association prepares the way. Those who think well of the Act are at liberty to accept it without any feeling that they are disloyal. Those who are of the other opinion are equally at liberty to refrain, or to experiment and save themselves from being ousted out of a portion of their income. Dr. Munro shivers with horror at the "panel system." His name has been on a panel of qualified practitioners for a dozen years. It is asserted that the majority of the metropolitan practitioners are opposed to the Act. I knew that five years ago. They are not "die-hards," but "do-nothings," "pigheads," ready to "brand" with a "stigma" anyone who does not happen to agree with them at the

moment. My letter was not based on any assumption that the Act was right or wrong; it is a question of ethics.

With regard to the handbills, three men are directly responsible; all are members of the Association and, I think, Licentiates of the College of Physicians. Among the 77 or 80 doctors on the Kensington panel at the time (I limit myself to Kensington) were undoubtedly some members of the Association. As yet there is no sign of the Central Ethical Committee taking the matter in hand. Until my questions are answered no doctor on the panel can regard himself as under any obligation to the Association.

Will the College of Physicians endorse the conduct of its Licentiates?—I am, Sir, yours faithfully,

GEORGE CRICHTON, M.D. Edin.

Longridge-road, South Kensington, Feb. 25th, 1913.

THE NATIONAL MEDICAL UNION.

To the Editor of THE LANCET.

SIR,—It has come to the knowledge of the executive committee of the National Medical Union that misleading statements as to the methods and objects of this association have appeared in many newspapers during the last few weeks throughout the country. These statements must have been founded on a mistake, the authors having confused the aim of two separate societies, the names of which are somewhat similar.

The National Medical Union has been in existence for nearly 15 months, and is well known. The National Medical Guild is a new body which has been lately originated in London, and which is now making application for recognition as a trades union. The National Medical Union as constituted at present is a society composed exclusively of medical men who do not intend to take service of any kind under the National Insurance Act as it now stands after April 14th, 1913. The Union exists primarily for the interests of these men. It has no intention of working on trades union lines. It aims at uniting "non-panel" men all over the country, at furthering their interests, and at defending their rights; it seeks to preserve the honour, independence, and efficiency of the profession; and it hopes to form a "rallying ground" for doctors who, having accepted service on panels and found out the impossibility of doing sound work thereon, are desirous of retiring therefrom.

The Union will work for the provision of adequate medical attendance for the industrial classes at reasonable remuneration on the lines of general practice, and it will seek for such amendment of the National Insurance Act as will secure this and safeguard the interests of both patients and doctor. The National Medical Union, whilst sympathising with the general attitude of the National Medical Guild, is not at the present time in favour of the promotion of their common aims by trades union methods.

We are, Sir, yours faithfully

G. A. WRIGHT, President.

WILLIAM COATES, Chairman.

J. WEBSTER WATTS, Secretary.

E. W. FLOYD } Honorary

J. SKARDON PROWSE } Secretaries.

DONATIONS AND BEQUESTS.—The late Lord Ilkeston has left £800 on trust for the foundation of a scholarship at the University of Durham in memory of his late daughter, Winifred Foster, who was a student there, the income to be applied to a "Winifred Foster Scholarship," to be awarded to a woman student who requires help to maintain herself at the University, and shall be a student and reside at such University, and who shall have taken a sufficiently high place in the matriculation examination and be under the age of 22 years.—Subject to a life interest, the late Mr. D. M. Forbes, medical officer of health for the Eastwood urban district council, Notts, has left by will £1000 to the Nottingham General Hospital and £500 to the Eastwood Nursing Association.—Sir Gilbert Wills, M.P., and his family have offered £5000 in memory of the late Sir Frederick Wills to the Royal Victoria and West Hants Hospital, Bournemouth, towards the building of an administration block at the Boscombe branch of the hospital.—An anonymous donor has promised a gift of £10,000 to the Middlesex Hospital.