Correspondence.

"Audi alteram partem."

THE MEDICAL EFFECTS OF THE TUBE STRIKE.

To the Editor of THE LANCET.

SIR,—The medical profession has a special interest in the effect of the recent Tube strike upon the poorer classes of London and its suburbs. The absence of travelling facilities inflicted more than mere hardship upon thousands of delicate and elderly individuals of both sexes, workers all of them. Only the medical man can know the thousands of injuries received in the struggle to enter the overcrowded buses, and the serious and fatal illnesses incurred by the long walks through frost and sleet after the day's labour, and the insidious beginnings of chronic ill-health originated by the suffering uncomplainingly borne by those who were obliged to spend sleepless nights on the floors of offices and crowded lodging-houses.

It has been suggested that medical men and women should compile with care a list of these results which are known to them personally. Revolution, with its bloody toll of human lives belonging to the upper classes, may leave the imagination of the worker cold. The illness and death of fellow workers, brought about by his hasty action, would of a surety bring home to him the cruelty he had unwittingly caused, and lead him to realise that the action of the Government in taking precautions to become independent of Labour had as motive not the protection of the capitalist but the protection of the workers themselves.

I am, Sir, yours faithfully,

Weymouth-street, W., Feb. 11th, 1919.

AGNES SAVILL.

A NATIONAL MEDICAL SERVICE: WHAT IS IT WORTH?

To the Editor of THE LANCET.

SIR,—In the programme of reconstruction figures largely the Ministry of Health, which is generally expected to deal with the question of supplying medical assistance to the whole or a portion of society. This is a question which must interest the public as well as the medical profession, and this letter may help everyone to appreciate the position of members of that profession.

The National Health Insurance Act has not been an unqualified success, and any scheme grafted on this will not meet with the undivided support of the medical profession.

The faults in the Insurance Act are many:—1. It treats the rural practitioners similarly to the urban, though the conditions of practice are essentially different in the two cases. 2. The costs of administration are too large for the benefits given. Many men outside the medical profession draw larger salaries than the practitioners who do the work. This last objection would be removed if these posts were filled by medical men incapacitated by the war from taking a part in the wear-and-tear of general practice. 3. The Insurance Committees have not protected the profession from the mean people whose income is *above the limit*, although this could have been done by a reference to the surveyor of taxes. 4. The question of inflation. My Insurance Committee admits that there are more patients on the panel in this county than they receive subscriptions for, and therefore do not pay the full capitation fee. This is not the fault of the doctors, yet they are liable to provide professional attention to every person for whom the Insurance Committee has issued a card. 5. Delay in settlement of accounts. In November, 1918, I received cheque in settlement of 1917 account.

All these difficulties must be overcome if any use is to be made of the machinery of the Insurance Act. Personally I advocate the scrapping of the Poor-law Medical Services and the Health Insurance Act, and that the whole service, under whatever scheme is adopted, be organised by the existing Public Health Service in the different counties and boroughs.

The idea which most appeals to me is that of Sir Bertrand Dawson—i.e., "team-work."

This scheme in the towns would go far towards achieving the objects we all desire. It would save the time both of doctors and patients, because under this scheme we should arrive at a correct diagnosis with the least possible delay; the doctors might even have some chance of an "eight-hour

day," and why not? Even in rural districts the organisation of a "team service" of motor ambulances and laboratories should be a possibility which could be realised for the collection of patients and specimens to be taken to the base or clinic with notes from the general practitioner.

This brings us to the question of remuneration as the scheme to be successful must be generously endowed.

It has been suggested that any scheme the Government may introduce must result in a loss of income to the profession. I do not believe this to be the case, because we all know under present conditions how many people get more than their money is worth owing to the human sympathy of the great majority of the profession. In our dealings with the State through the Ministry of Health no such consideration is demanded. The State has the money; after the armistice was signed—but before the General Election—wages were raised 5s. a week in consideration of the increased cost of living.

What did the State do for the doctors during the war? The fee for the notification of infectious diseases was reduced from 2s. 6d. to 1s. The State has the money, and if the popular principle of "nothing for nothing" were adopted in the case of the medical profession the average income would be increased rather than diminished. This involves the State control of all charitable institutions. The medical and surgical staffs of these institutions would be paid either on a whole-time basis or by a definite fee for each operation or consultation.

Mr. Lloyd George has said every man should have a fair return for what he has to offer. In many cases the physician or surgeon offers life. What is it worth? In the case of the specialist recognised as able to render valuable service to the State is it not worth the £5000 a year of a Cabinet Minister or a judge? The position of the general practitioner is not so straightforward, but I state my view frankly that every capable general practitioner by the time he is 40 years old should be able to earn an income of £1000 per annum free of *all* expenses in the earning thereof.

There are objections to a whole-time district medical officer:—

1. It interferes with the independence of the doctor and the patient.
2. It tends to diminish the competitive element and the personal equation. Many general practitioners owe their success in practice not to academical attainments, but to personal qualities not correctly estimated in the examination room.

We have all had a good deal of registering to do lately, so that it would not be an innovation or hardship if some such method were adopted as the following:—

Every general practitioner recognised by the State to be paid a retaining fee, say £300 per annum, as compensation for the time and money expended on his education which the State expects to utilise and has never endowed in any way. Every person included in the scheme must register with the doctor of his choice. The doctor to be paid for services rendered, on a fixed scale, from funds collected and administered by one central body, and provided by a special tax or by an addition to the income set aside for this purpose. In this way the delay in meeting the doctors' accounts should be obviated. The question of mileage might be met by the grant of free petrol on the basis of existing petrol licences.

Finally, who is to be allowed to take advantage of this scheme, and where is the line to be drawn? I would suggest that as the Government has failed in the past to protect the profession from imposition by those above the wage-limit, it will not be able to do so in the future; the profession must therefore insist on a remuneration which will cover every class of society, and every member of society will be able to avail themselves of the Government system if they think it good enough.

The whole question of a successful National Medical Service appears to me to depend on the answer to the question of "What is it worth?" Can Mr. Lloyd George answer this question?—I am, Sir, yours faithfully,

Great Bookham, Surrey, Feb. 11th, 1919.

G. SPENCE CANDY.

X RAYS IN THE DIAGNOSIS OF APPENDICITIS.

To the Editor of THE LANCET.

SIR,—The exhaustive paper by Dr. E. I. Spriggs on this subject in your issue of Jan. 18th should serve as an encouragement to physicians and surgeons to seek the assistance of the radiologist in obscure abdominal conditions, and as a stimulus to the radiologist himself to cast more widely his diagnostic net. On the technical side there

are points of detail in Dr. Spriggs's paper the carrying out of which would involve, at any rate in London, some amount of inconvenience, if not actual difficulty. The first is the supply of buttermilk for the special meal described. Fortunately, this particular meal is not necessary to demonstrate the appendix, although it is true that the ordinary mixture of bread and milk and barium often fails. I have now for two years used the meal introduced by Dr. James Metcalfe, and put up by Messrs. Allen and Hanburys under the trade name of "umbrose." In this the barium is very finely triturated and intermixed with the other ingredients, and probably for this reason has no difficulty in entering the appendix. A second point is that Dr. Spriggs states that the best view of the appendix is obtained 12-14 hours after the meal. Now, as a rule, one wishes to examine the stomach with the same meal. I have found personally that if the meal be given at 10 A.M., the appendix will be satisfactorily seen between 4 and 6 o'clock in the afternoon, or the next morning. In consulting-room practice the 12-14 hour examination is impossible as a routine, though it may be necessary to arrange for it in a few special cases. Lastly, those whose outfits do not permit of radiographing the appendix in less than one second should not be discouraged from examining it, as, although failure will occur in a few cases, in the majority reliable data will be obtained. With regard to the "numerous photographs" said to be necessary, a careful screen study is often of as much, or more, value, two or three plates being taken as a record at each examination. With the technique modified as above, there seems no reason why the X ray examination of the appendix should not be generally carried out.

As to the desirability of radiographic investigation of the appendix, a striking feature of the cases quoted by Dr. Spriggs is that few or none were suspected of having appendix trouble. Their ill-health had been ascribed to various causes other than this. Herein the present writer's experience coincides with that of Dr. Spriggs. I have frequently had cases sent to me for examination of the lungs or of the kidneys where the trouble ultimately proved to be appendicular. If a man should say that in all cases of chronic and unexplained ill-health the appendix should be investigated by X rays, perhaps he might be suspected of monomania; and yet his madness would not be without method.

I am, Sir, yours faithfully,

Harley-street, W., Feb. 4th, 1919. F. HERNAMAN-JOHNSON.

THE PRESENCE OF A FILTER-PASSING VIRUS IN INFLUENZA, ETC.

To the Editor of THE LANCET.

SIR,—I have read with interest the preliminary report by Major-General Sir John Rose Bradford, Captain E. F. Bashford, and Captain J. A. Wilson, published in your issue of Feb. 1st, on a filter-passing virus found in certain diseases, the more so as it appears to lend support to the claim originally advanced by Nicolle and Lebaillly that influenza, one of the diseases specifically mentioned in that report, is due to a filterable virus. If this be further substantiated by others, it follows that Pfeiffer's bacillus, as that is usually understood and described, can no longer be looked upon in the light of a responsible etiological factor. In a letter¹ expressing disbelief in the claims made by the advocates of Pfeiffer's bacillus, I ventured to state that we had to deal, not with a double infection, primary and secondary, but with one infective agent only and that a pleomorphic one of which I gave a brief description in a letter to THE LANCET of Nov. 23rd, 1918.

Since writing these letters my attention has been drawn by a private correspondent to certain experimental work carried out by Rosenow² and others, working on acute epidemic poliomyelitis in America. I was unaware of the existence of this work at the time of writing but have since been able to gain access to some of Rosenow's articles. I have been struck with the extraordinary resemblance between his organism and the one which I have already described and to which I have given the provisional name of organism "D." Whether Rosenow's organism is exactly identical or not with organism "D" I am unable to say, as all Rosenow's data are not available at present to me. It is well known, however, that Flexner and Noguchi were able to reproduce acute poliomyelitis by the inoculation of a

filter-passing virus, consisting of small "globoid" bodies. Rosenow and his co-workers have since been able to transform pure cultures of these globoid bodies, obtained from Noguchi's laboratory, into the pleomorphic organism which they claim is the cause of acute poliomyelitis. Not only so, but they have been able to grow their organism in the form of the Flexner-Noguchi "globoid" bodies.

In my letter of Dec. 21st, 1918, already referred to, I stated that the claim which I there made did not necessarily exclude the possibility of there being a filter-passer phase of organism "D." It seems necessary to emphasise this, in view of the accumulating evidence that influenza can be produced by a filterable virus. When once it has been proved that a given infective agent is a filter-passer it has been the custom to argue that other organisms, of ordinary size, which may previously have been regarded as the causative agents, are merely contaminations or secondary invaders. This argument is obviously fallacious unless and until it be proved beyond any question of doubt that the filterable virus can exist in no other form. It is just as fallacious as the argument that pleomorphism is a synonym for impurity of culture. It will be granted at once that in some cases such has been proved to be the case, but that pleomorphism does exist has been sufficiently well established by modern bacteriological methods.

In connexion with Rosenow's and my own claim it is of interest to refer to a letter which appeared in THE LANCET on Jan. 11th from the pen of Dr. F. G. Crookshank, in which the latter claims that, on epidemiological grounds, there is reason for believing that acute poliomyelitis, encephalitis lethargica, and influenza are so closely related as to constitute different group manifestations of a single infective agent. Such a view has much to commend it, and is at least quite as acceptable as that which, while the causes of these diseases are still in doubt, claims that encephalitis lethargica and poliomyelitis are to be regarded as two distinct diseases.

May I be allowed to add, in conclusion, a few further particulars for the benefit of those who may have been stimulated by my previous letters to look for organism "D"? The latter grows well at room temperature, does not liquefy gelatin, and produces acid without clot in milk. It forms acid in dextrose, lactose, maltose, saccharose, raffinose, and dextrin litmus peptone water. There is also an indication that the organism has some connexion with the Pasteurella group, but a definite statement on this point cannot be made at present.

I am, Sir, yours faithfully,

Reading, Feb. 4th, 1919.

ROBERT DONALDSON.

PARASITIC MANGE IN HORSES

To the Editor of THE LANCET.

SIR,—In July of last year I was instructed by the Joint Propaganda Committee—Board of Agriculture and Ministry of Food—to draw your attention to the prevalence of parasitic mange in horses and the likelihood of its spreading in the coming months; also to the issue by the Joint Committee of a special leaflet (No. 8) in which particulars were given (a) as to the Orders in existence in regard to the disease; (b) the penalties attached to breaches of the Orders; (c) means whereby the disease can be prevented, discovered, and treated.

Since the issue of this leaflet (No. 8) two additional leaflets on the same subject have been published which have had a very wide circulation.

We are informed that the local authorities view with growing anxiety the increasing prevalence of mange in horses reported in the returns furnished by them. Further, there are grounds for believing that the disease exists in many districts to a much greater extent than is revealed in the returns furnished. The Committee would like to point out the serious effect the disease has in decreasing the usefulness of the horse. These facts are the justification for the Joint Committee again asking you for the kind hospitality of your columns to make the existence of our leaflets as widely known as possible and to state that copies can be had free and post free on application.

I am, Sir, your obedient servant,

J. NUGENT HARRIS,
Secretary, Joint Committee, Board of Agriculture
and Ministry of Food.

6A, Dean's-yard, Westminster, S.W. 1, Feb. 8th, 1919.

¹ Brit. Med. Jour., Dec. 21st, 1918.

² Journal of Infect. Diseases, Chicago, vol. xxii., No. 4, pp. 281 et seq.