

## Correspondence.

*"Audi alteram partem."*

## MEDICAL LITERATURE FOR VIENNA.

*To the Editor of THE LANCET.*

SIR,—We have received from Professor Wenckebach sad news concerning the state of Vienna and Austria. Professor Wenckebach, although he accepted the call to Vienna but a short time before the war, has felt it his duty to abide with the suffering people who honoured him in the days of their prosperity. On the general misery of Austria in material needs it is not our purpose to dwell—it is but too well known; the Professor's appeal is for the intellectual needs of a people whose souls are starving. In their penury he says that not a farthing can be had for books or journals, home or foreign, so that for the last three or four years neither teachers nor students have been able to learn what is going on in academical circles. His direct appeal to Great Britain is for recent medical and scientific literature, for which students in all faculties are athirst. He describes the zest with which a group of students will pounce upon any fragment of a journal which may drift into their bare libraries.

May we, then, beg your readers not to throw away journals, books, or papers, and perhaps, furthermore, to make some little sacrifice to spare such literature for the Vienna Medical School? Professor Starling was to have joined us in this appeal, but left for Bombay before his signature was secured. Packets for Professor Wenckebach may be sent to Messrs. Schenker and Co., of 93, Bishopsgate, London, E.C., who have kindly undertaken to forward them in bulk to his care. Any small donations towards transport would be thankfully received by the firm.

We are, Sir, yours faithfully,  
CLIFFORD ALLBUTT.  
J. MACKENZIE.

Cambridge, March 22nd, 1920.

## LIFE ASSURANCE AND GLYCOSURIA.

*To the Editor of THE LANCET.*

SIR,—In a very valuable paper in your issue of March 27th Dr. R. T. Williamson states that he considers that in cases of glycosuria it is in the interest of the proposer that he should be informed why he has been rejected: and, further, that this should be done by the medical examiner. He calls attention to the rule of many insurance companies that no information as to the medical examination should be given by the medical officer to the proposer.

This rule is very wisely adopted and insisted upon by insurance companies. It is, on the other hand, frequently broken, often to the disadvantage of the company and the great annoyance of the management, both at the head office and at branches, as well as to the proposer himself. Difficult and often acrimonious correspondence may result. In the case of the occasional examiner local difficulties are easily created between the patient and his own medical attendant, or between the medical attendant and the medical examiner.

The proper course for a proposer to adopt when he is declined or postponed for life assurance is to consult his own medical attendant, and it is for the latter to make inquiries from the medical officer of the company should he fail to discover the reason for the declension or postponement of his patient's life. I have never known the refusal of permission to give the information in this way.

Very frequently the request for another examination of the urine is sufficient to induce the proposer to see his medical attendant. It is for the insurance examiner at the second interview to go into the question of whether diet or treatment have been adopted if the result of the tests should now prove satisfactory.

I am, Sir, yours faithfully,  
THOMAS D. LISTER,  
President, Assurance Medical Society.

Harley-street, W., March 27th, 1920.

## ANÆSTHETISTS' FEES.

*To the Editor of THE LANCET.*

SIR,—Following on the letters in your columns from Mr. Bellamy Gardner and Mr. J. H. Chaldecott an informal meeting was held at Mr. Gardner's house of a number of representative anæsthetists to consider the question of their fees. The grievances of anæsthetists were freely discussed. Some of these are unavoidable, but others, being avoidable, ought to be removed. Of the unavoidable the chief is that an anæsthetist has to accept a case at the time and place offered or refuse it owing to previous engagements. Thus he has to refuse a considerable percentage of the work offered to him. How many other specialists are in a similar position?

The avoidable grievances are more numerous. In the first place there is no definite scale of fees that is recognised by surgeons, general practitioners, and the public. A good general working agreement in pre-war days was 10 per cent. of the surgeon's fee, with a minimum of 3 guineas. This very moderate scale was often not reached, and it is being felt now by anæsthetists that revision (in an upward direction, of course) is called for at the present time. This 10 per cent. basis is manifestly inadequate in cases such as nose, throat, and mouth operations, where exceptional skill and experience are required and exceptional risks are involved. Again, an abdominal operation is supposed to command the statutory fee of 100 guineas. In many cases, however, the surgeon agrees to reduce his fee to, say, 70 or 50 guineas, and it is at least an arguable point whether the anæsthetist, whose fees are on a much lower scale, should be expected to accept a strictly proportionate reduction.

But the main grievance of the anæsthetist is that in too many cases he is regarded as an anonymous nuisance, he is not consulted about his fee, he does not know whether he is expected to look to the surgeon, the general practitioner, or the patient for his remuneration, and falling between three stools he is either not paid at all or receives some months later a more or less adequate fee which ought to have been paid at the time of operation.

I am, Sir, yours faithfully,  
LLEWELYN POWELL.

Duke-street Mansions, Grosvenor-square, W.,  
March 29th, 1920.

## PARAPHRENIA.

*To the Editor of THE LANCET.*

SIR,—In your issue of March 27th Dr. W. H. B. Stoddart states that chronic hallucinatory psychosis as described by me in a paper read at a recent meeting of the Medico-Psychological Association is identical with the paraphrenia of Kraepelin. It is not easy to go fully into the differential diagnosis within the limits of a letter. It may, however, be pointed out that in chronic hallucinatory psychosis the patient is the subject of hallucinations for a long period, in some cases even for many years, before delusions develop. In the second stage delusions are formed which are the logical result or explanation of the hallucinations. So far as my experience goes there are these two stages only. In paraphrenia there are at least three stages. The first is the period of "false interpretation" in which the patient has vague delusions of persecution. "The second stage occurs *some years later*, and is characterised by the development of hallucinations of hearing." The quotation is from Dr. Stoddart's book; the italics are mine. In the third stage delusions of grandeur develop.

In my paper I pointed out the similarity of chronic hallucinatory psychosis and chronic hallucinatory insanity of alcoholic origin. Dr. Stoddart in his book gives the differential diagnosis of this latter disease from paraphrenia in the following words: "In this disorder hallucinations occur in the earlier stages and appear to be the foundation of the delusions, whereas in paraphrenia hallucinations appear late in the course of the disease as a kind of crystallisation of the delusions." This sentence summarises the position excellently as regards chronic hallucinatory psychosis