

prostate had been abandoned on account of high mortality and indifferent results. White, of America, had started a crusade of orchidectomy, and vasectomy was by some surgeons being substituted for it. It was becoming increasingly evident that, in spite of much writing and many statistics, no real progress was being made. In 1901 Freyer published four cases of suprapubic prostatectomy, and claimed to remove not only the intravesical projection but the whole of the enlarged prostate. There at once arose a controversy, partly in regard to priority and partly in regard to anatomical details of the operation that lasted for some years.

One of Freyer's colleagues writes of this part of his career: "Looking back on that controversy one cannot help thinking that, although much ink was spilt and some feelings hurt, it did much good. The operation was brought well into the notice of the profession and the points of difficulty in regard to the anatomy and physiology were thrashed out so that within a comparatively short time the operation was established on a firm surgical and anatomical basis. The operation of suprapubic prostatectomy, on the lines drawn up by Freyer, is now practised throughout the surgical world.

"What of the man who achieved so much, and who raised such keen controversy? Freyer had, more than any man I have known, the power of concentration on a single issue. It was possible for him to exclude from his mind other surgical subjects, and even for the time all by-paths to which the subject might lead. Add to this a restless energy and a great driving force, and we see the character of the man. Like many of his countrymen, Freyer's best efforts were made under the stimulus of opposition. Yet he made a conscientious hospital surgeon. His attendance at hospital and the care that he expended on his cases there, until failing health rendered him unequal to the strain, was an example to his junior colleagues. It was with genuine pleasure that he accepted the post of first president to the newly formed Section of Urology at the Royal Society of Medicine and his regular attendance, sometimes in spite of physical suffering, and his evident desire to help the work of the Section will leave a lively sense of gratitude in the minds of the members and officers of the Section."

In 1904 Freyer was awarded the Arnott Memorial medal for the original research in surgery incorporated in his various works on "Modern Treatment of Stone," "Enlargement of the Prostate"—which has passed through five editions—"Surgical Diseases of the Urinary Organs," and "On the Best Methods of Removing Large Calculi from the Bladder." The size of his surgical practice may be gathered from the fact that articles which he published bear such titles as "100 Operations for Stone without a Death" and "1000 Cases of Total Enuclation of Prostate for Radical Cure of Enlargement of that Organ." During the war he was placed on the consulting staff of the Queen Alexandra Military Hospital and the Indian Hospitals at Brighton. He had also been consulting surgeon to the Eastern Command and surgeon to King Edward VII. Hospital. In recognition of all this public work he was created K.C.B. in 1917. Sir Peter Freyer married Isabella, daughter of Robert McVittie of Dublin, who predeceased him in 1914; he leaves a son and a daughter, the latter of whom is the wife of Major J. D. Grant, V.C.

Dr. Paul Uhlenhuth, sometime professor of hygiene and bacteriology in the German University of Strassburg, has been appointed director of the Institute for Experimental Therapy at Marburg, founded by E. v. Behring.

THE R.M.S.P. yachting steamer *St. Margaret of Scotland* will commence in October a series of holiday cruises, embracing calls at Madeira, Teneriffe, and Las Palmas, the round voyage occupying about 22 days. Calls will be made at the principal ports in the islands, and the stay in port permits of excursions being made inland to points of interest.

## Correspondence.

"Audi alteram partem."

### THE CASE FOR NATIONAL HEALTH INSURANCE.

To the Editor of THE LANCET.

SIR,—As an attack is being made on the capitation fee and possibly on the whole question of National Health Insurance, it is necessary that the whole case be carefully examined so that the advantages, the faults, or the defects may be properly treated and the responsibility rightly adjusted.

The medical service, on which the Acts practically hang, has been subjected to much criticism, and has been searched thoroughly for the bad things, and these have been fully advertised. In many quarters it is taken for granted that the panel doctor is not only hopelessly inefficient, but that he is a brutal hard-hearted bully. Such a view does not require refuting as it is so evidently outside common sense, but yet there is an atmosphere of distrust and questioning, amongst responsible people, which has to be dispelled. An intimate knowledge of the service compels the considered opinion that as a whole it is a very good general practitioner service, that it is improving, that it will continue to improve if given a fair chance. It has been carried on under very great disabilities which have certainly not received the same publicity nor recognition from the interested parties exploiting complaints. It was started amidst the most acute and bitter political acrimony, not only amongst the general public, but amongst the medical profession. This has gravely handicapped the service all through, and it is possible that the present campaign is a resurrection of the old hates, for the same parties are again prominent. It may appear somewhat of the nature of an appeal ad misericordiam, but yet it has to be recognised that the conditions of the service, especially in an industrial area of London, are very trying. Of necessity there must be evening consulting hours which practically exclude the doctor from family and social life, or from recreation. His services are on tap at all hours, day and night. Any time he may take off is at risk of complaint. No citizen in the community occupies the same position as to hours of labour or demands for his services as the panel doctor. This does require recognition when the question of remuneration is considered. These disabilities are inherent to the service, but there are many others capable of reasonable adjustment.

As a whole the insured person is pleasant to serve and considerate, and in general the proper relations of trust between doctor and patient are established. There is practically no malingering, but a small section makes unreasonable demands. This section is naturally a noisy one, and has been consistently used by politicians, by the less responsible press, and by inefficient administrators, much to the prejudice of the service and adding considerably to the difficulties of the doctor. Again, there is the insured person who has not grasped the principle of insurance, and thinks he is being badly used because he "has been paying in and getting nothing out." Somehow he seems to think the doctor is the cause, and, if he reads the daily press, he becomes quite certain of it. There is also the "superior person" who tattles about "charity" and expects all the frills of the West End. It can be readily understood how such agents may be used to raise opprobrium on a genuine service, and how difficult it has been for the doctors to wear down a campaign carried on with deliberation for nine years. There is ample evidence, however, that the insured person is slowly but surely appreciating the value of the service.

An inquiry into the working of the service is being asked for. The medical profession would welcome an honest investigation, but their experience compels

them to hold the view that an inquiry into the administration of sickness benefit by approved societies is much more necessary. The general impression received is that the approved society has not the least concern with the sickness or circumstances of the insured person, that its aim and object is to pay out as little sickness benefit as possible, and that not sooner than can be avoided. During the war there were difficulties, and within the last year some societies have been administering sick benefit humanely and intelligently. Yet there is much room for improvement, especially on the question of certification, which is a fruitful source of irritation between patient and doctor. Although the regulations allow a certificate to cover from Sunday to Sunday, there is still much worrying for certificates on special days and times, and withholding of benefit if a certificate is not forthcoming.

In a case of death it not infrequently happens that a "final" certificate, which means capacity for work, is demanded to cover the period between the death and the last intermediate certificate, even although the agent has seen the death certificate and "viewed" the body. It would be tedious to enlarge on the vagaries and irritations of certification. It is recognised that accurate certification is necessary to cover incapacity, but it has to be approached from a different aspect than that adopted by approved societies before smooth or efficient working can be established. A survey of the inquiries on questions arising out of certification demonstrates how vexatious to the doctor certification can become. As an example, a doctor giving a good service certifies an insured person, after careful examination, as suffering from "abdominal pains." The patient is kept under observation for a week, and, as no further developments occurred, certifies her fit for work, using "abdominal pains" again. The approved society demands an inquiry for incomplete certification. The health visitor, another asset of the approved society, is of questionable value, and undoubtedly a frequent source of friction. When bandages are removed, pulses felt, tongues inspected, and when the charlady, recovering from influenza, is reported for doing a little charring for herself, it need cause no surprise that health visits are not always appreciated as they might be. The visitors are viewed as detectives watching the doctor and insured person. At one time the approved societies employed referees to "coax the lazy ones" of sick benefit at half a guinea or a guinea at a time, but this duty is now undertaken by the regional medical officers of the Ministry, at a cost to the approved society of 10*d.* a time. The Ministry has a reputation for business instinct, and as the cases are mostly chronic it is difficult to see how national health may be advanced by estimating their earning capacity to a decimal point. Yet many of these poor people are harried every three months or oftener at 10*d.* a time because the panel doctor is not supposed to be able honestly to judge their fitness for work.

It may be wondered how it happens that so little has been heard of complaints against the administration of sick benefit. This is easily explained. The only means by which an insured person can obtain redress is to apply to the disputes committee of his approved society, with a deposit of £1, which is forfeited if his complaint fails. It is when we arrive at the insurance committee, which administers medical benefit, that we get a grip of the predominant factor in the dissatisfaction. The London Insurance Committee has been from the start hostile to the panel doctor, has appeared to encourage complaints against him, and to conduct its inquiries with bias. Insured persons are not supplied with title to medical benefit for months or even years, and their title to benefit is constantly being questioned. Their names are removed from doctors' lists for this reason, although at the time their title may be such as allows them to receive sickness benefit—a position which gives occasion for unpleasantness between doctor and

patient. But there is much worse than this. It will be agreed that the doctor has a right to receive information as to the extent and direction of his responsibility. Article 18 of the Medical Benefit Regulations, 1920, provides that practitioners shall be supplied by the insurance committee with a correct list of insured persons whom he has accepted. It further provides that this list shall be kept correct to date, and it is the duty of an insurance committee to supply the doctor with the necessary information. This duty has been neglected by the London Insurance Committee, and there is reason to believe that London is not alone in this respect. It would be difficult to contemplate medical service being rendered contentedly and efficiently under such circumstances. The issue of Forms Medical Record, hurried as it was, has revealed a disturbing state of affairs, calling for immediate inquiry; the errors in individual lists have been shown to be anything from 12 to 33 per cent. and of a varied character.

Having considered the effect and operation of outside influences it is possible to examine the evidence regarding the character of the medical service. During 1919, a year above the average, there were 66 inquiries. Of these 42 were substantiated. This means that one in every 25,000 insured persons felt he had a grievance, or one complaint in about 100,000 attendances, and, as several of these complaints were against the same practitioner, it would mean that 66 doctors at most out of 1500 on the panel had given cause, real or imaginary, for inquiry. Inasmuch as the insured person understands that it is his right to lodge complaints, however trivial, the comparative smallness of the number of complaints becomes very real. Highly placed approved society officials have alleged that malingering is encouraged by the medical profession. These statements have to be put against the fact that surpluses of many millions have been placed to the credit of a majority of the societies. When we consider how carefully the actuaries estimated the cost of sickness benefit in 1912, it is surely just to suggest that part at any rate of the huge surplus is due to the efficiency of the medical service; otherwise approved societies have been depriving members of their due.

No one contends that the medical service of the general practitioner on the panel is perfect, but it can with confidence be asserted that an honest inquiry would show the "panel doctor" to be as efficient as any other section of the profession, to have as strong a sense of duty, and to be as meticulously careful of his performance of that duty. All he asks is a fair chance.

I am, Sir, yours faithfully,  
Champion Park, S.E., Sept. 19th, 1921. H. G. COWIE.

## SOME TOXÆMIAS OF PREGNANCY.

*To the Editor of THE LANCET.*

SIR,—In a leading article with this title in your last issue the following occurs: "The marked accumulation of urea and other nitrogenous waste products, so frequently seen in acute and certain types of chronic nephritis, is absent in the toxæmias of pregnancy. The non-protein nitrogen and urea of the blood are frequently within normal limits." And this difference, the article continues, "serves to differentiate the true eclamptic from cases of uræmia due to chronic interstitial nephritis complicating pregnancy."

I venture to ask how is it possible that "a definite nitrogenous retention" in the blood should be absent in a disease in which extensive necrosis and degeneration of liver cells and of kidney cells are the characteristic features? Does not the liver safeguard the body from the inroad of poisonous non-protein nitrogenous bodies? Is it not one of this organ's functions to transform these amino- (and allied) bodies into the innocuous urea? If, then, the liver is the seat of such a profound degeneration as is the case in the pre-eclamptic toxæmia, how can the general blood fail to become surcharged with these