

tion of ligature. In my opinion I consider we must be guided by the condition which we find when we come to perform the operation; if there are several localized piles, but the intervening mucous membrane is healthy, then I think the ligature, clamp and cautery, or some other method, such as Ball's, gives a perfectly satisfactory result. When, however, the piles are more diffuse, and there is little or no healthy mucous membrane, then I am equally convinced that the ligature is not such a satisfactory method, such a case can only be treated in a radical manner by completely removing the whole ring of affected mucous membrane; if this is done in a competent manner, then I submit with Mr. Wallis that such an operation is permanently curative. I also agree with Mr. Wallis in not regarding the ligature as a radical method, as it leaves untouched a considerable portion of the mucous membrane beneath which the veins may at a later date enlarge and develop into piles, and I have met with several instances in which it has been necessary to perform a second operation.

I cannot understand the limited view of those surgeons who condemn an operation which on their own statement they do not perform. I should have thought that every surgeon had seen failures or indifferent results from every surgical procedure, however simple, and I, for one, am not surprised to hear that this is sometimes the case with Whitehead's excellent method, as it is by no means so easy to perform as the ligature. It has not been my lot to meet with a failure in an experience of over 100 cases, and I have tried to follow up my cases for a lengthy period after the operation.

I have never met with stricture of the anus as the result of Whitehead's method, which, in the experience of those who are opposed to the method, is not infrequent; but I have no doubt that such may be the result if the operation has been improperly performed. The only case of post-operative stricture I have seen resulted from the ligature, and was no doubt due to the too free removal of the mucous membrane.

The operation I usually perform for localized piles differs to some extent from the ordinary operation of ligature in that I excise the pile vertically and suture the edges of the mucous membrane with catgut, which I think has the advantage of more securely arresting the bleeding and facilitates rapid union as the edges of the mucous membrane are approximated. In my opinion, many cases can be treated satisfactorily by the ligature, while there are many others in which ligature would be a very imperfect operation; they can only be dealt with properly by Whitehead's operation.—I am, etc.,

London, W., Feb. 27th.

DOUGLAS DREW.

APPENDIX DYSPEPSIA.

SIR,—I am greatly surprised by Dr. Roberts's statement (BRITISH MEDICAL JOURNAL, February 19th, p. 473) concerning the case of Mrs. D. from Valparaiso. It is, indeed, exceedingly unfortunate that among the great number of indubitable cases of appendicitis larvata recorded by myself and many others (Sonnenburg, Lenzmann, Cotard, Dieulafoy, Korach, Walther, etc.) I should have chosen this very case "as of special interest for British readers," which has apparently ended differently than I believed. My error is due to the following circumstance. When I last saw Mrs. D. before her operation I asked her to let me know in case her complaints should return later on. A short time after the operation her husband kindly wrote to tell me that Mrs. D. was quite without pains. Since then I heard nothing, and believed myself justified to assume that her state had remained satisfactory.—I am, etc.,

Berlin, Feb. 26th.

C. A. EWALD.

NURSING HOMES FOR THE MIDDLE CLASS.

SIR,—As one who has been associated with Dr. Chalmers Watson for some time in the management of the Rutland Nursing Home in Edinburgh, I have been interested in reading Dr. Ford Anderson's letter (p. 540) bearing on the proposed scheme for a pay hospital in Edinburgh for the middle class.

Dr. Anderson has doubts about the advisability of some of the details of the scheme. There may be other people who, like him, take a friendly interest in this movement,

and I shall be glad if you will allow me to reply to some of his objections.

With regard to position, Dr. Anderson fears that a centrally placed pay hospital or home could not be utilized by general practitioners who live beyond the radius of one mile away from it. This fear seems to me groundless. In Edinburgh general practitioners daily cover a much larger radius than that of a mile from the centre of the town. Moreover, this scheme has been discussed by general practitioners on several occasions, and the desire to have the proposed home in as central a position as possible has been unanimous. Further, much of the work done in the home will be operative, and it is considered advisable to have the building within easy reach of those who are likely to have the responsibility of the after-treatment of such cases during their anxious stage.

Dr. Anderson thinks that the Rutland Home might be allowed to continue as it is, while others like it might be opened in the suburbs. Those responsible for its management, however, merely look upon the present establishment as a successful experiment. Many improvements, which are considered necessary, can only be carried out in a larger and better equipped home.

The proposal to have a certain number of beds at £1 ls. a week is considered by its promoters to be an important part of the scheme, but many of the details connected with the organization of the home are still under discussion.—I am, etc.,

Edinburgh, Feb. 27th.

CHARLES W. CATHCART.

GENERAL PRACTITIONERS AND POOR LAW REFORM.

SIR,—Dr. P. R. Cooper, in a letter appearing in your issue for February 19th, seems to have hit on what will probably be found to be the only rational reply that the medical profession can make to the persistent demands of sets of individuals and friendly societies, and now of the State, that we should undertake the medical supervision of the working classes at nominal charity fees. What is that reply?

Dr. Chas. E. S. Flemming states in your last issue that the Central Contract Practice Committee of the Association gave Dr. Cooper's proposal much careful consideration, but apparently was unable to find any working scheme.

If our Association does not again, and very shortly, tackle this problem in a masterly way instead of endorsing with its approval clubs run at charity fees, it is most certainly true that within a few years, beyond being useful for the unpleasant duty of settling a few internal quarrels and throwing itself hopelessly against vested interests, the Association will be no catch for the general practitioners, and they will do well to leave it severely alone.

It might be desirable to quote at once this axiom, "that the true interests of the community and those of the medical profession invariably coincide" (interim report of Poor Law Reform Committee).

Take first the interests of the community with regard to medical services. Are they not these?

- (a) That each person should be able to be insured, or to insure himself, against the probability of medical expenses.
- (b) That no one should be barred from this benefit because of his age, family history, financial position, present or past health, or occupation.

Then take the interests of the medical profession:

- (c) That the payment for medical services should be adequate and in accordance with the professional services rendered.

In order to decide what is "adequate" it would be necessary to take into consideration in each case all the subheads in statement (b). In order to elaborate "professional services rendered" it would be necessary to state as shortly as possible in list form all the more probable medical and surgical services. This has been done partly in the Public Medical Service Rules recently issued to the Divisions for consideration.

It might be said that such a table would be bulky and complex, and therefore unworkable. But this should in practice not prove so. Any actuary would be able to prepare a concise, easily workable scheme when given the necessary data. One need not, however, burden this letter with the possible solutions of this portion of the problem.

Having the interests of the community and of the medical profession defined, how is it possible to make the two coincide? Before doing this, it might be useful to