

## British Medical Journal.

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### CRÈCHES.

Do crèches do harm or good? This is a question constantly cropping up and about which opinions vary very much. Mr. John Burns<sup>1</sup> is altogether opposed to them on the ground that they tend to encourage married women's labour, and in particular to render it easy for a mother to go to work too soon after confinement; but probably, like most other institutions, well-managed crèches are desirable and ill-managed ones are undesirable. Unfortunately a great many day nurseries exist which are by no means ideal. They are usually run by charitable and well-meaning people who, in their desire to be useful members of society, sometimes do an infinite deal of mischief. The danger of crèches is that they tend to weaken the mothers' sense of duty to their infants. There is at present as keen a desire among women of the labouring classes to be independent as there is in the higher classes of society. Women are bored at home; they like the excitement of going out to work and the satisfaction of making money. The husbands are at work and the bigger children go to school, and the only tie which binds these women to their home is their infants. If in the neighbourhood there exist crèches ready to take in infants for nothing, more often than not it is a great temptation to the mothers to get them off their hands in that way.

The French, who, as will be seen from the article published at p. 1421, are the leaders in the movement, consider that the ideal crèche should be conducted by a private body and inspected and partly supported by the municipality. This plan ensures personal interest and proper public supervision and control.

Under the Technical Instruction Act the Local Authorities in this country could assign funds to make crèches serve as technical or practical schools for the training of mothers.<sup>2</sup> The London County Council at present supply lecturers. Why should not these deliver their lectures at the crèches, and give practical demonstrations in washing, dressing, and feeding babies? Theoretical lectures are generally admitted to be of little use to the women of the labouring classes. Batches of the elder girls in elementary schools could receive instruction, and girls belonging to girls' clubs urged to attend. Not only would the mothers be thus receive valuable instruction, but a new profession would be opened up, for those with a vocation that way would receive a good grounding with a view to becoming children's nurses.

Pressure should be brought to bear upon owners and managers of factories not to employ the wives of wage-

<sup>1</sup> See p. 1423.

<sup>2</sup> We are glad to see that this opinion was strongly supported by Dr. Niven in a paper read before the Conference on Infantile Mortality (p. 1423).

earning men. Before accepting any child the committee of a crèche should make the strictest inquiries as to whether it is absolutely necessary for the mother of the child to go out to work, and only when she is a widow with a family dependent upon her should the child be admitted, although it might, of course, be advisable to take in temporarily the infants of women obliged to work for a time because their husbands were prevented from earning wages through illness or accident. There is another point. Through philanthropy gone wild some societies take in the infants free of charge. This is a grave mistake, destroying the self-respect and sense of responsibility of the mother. In France, where this mistake has sometimes been made, it is now urged that payment should in every possible case be expected from mothers. Instead of being beggars receiving alms, they are thus made fellow-workers for the good of their offspring. It is found to be a good plan to ask the women themselves to suggest what they consider fair to give, and invariably they offer more than the officials would be likely to ask them, and are found to pay most regularly.

One of the grave drawbacks of the crèche is that it may easily become a centre for infectious diseases. The most careful examination every morning of each child, and the disinfection of clothes, should be rigidly carried out. Parents should be obliged by law to report any case of infectious illness in the house from which the infant is brought. On this account, and also in order to encourage mothers to attend twice a day to suckle their infants, the crèches should be numerous and small rather than large and at great distances; it is, in fact, admitted that large day nurseries cannot be managed so as to give satisfactory results. In some of the crèches children old enough to attend infant schools are admitted. They feed and get a sleep at the day nurseries and attend school. This is an additional reason for extreme care about infectious disorders, so that the crèche should not become a focus of disease.

Yet another point is the question of feeding; no one who undertakes the control of children's lives is justified in feeding them upon milk from an unknown source. The first aim of a Crèche Society should be to urge mothers to suckle their children, and to facilitate this in every possible way, even by distributing food to them. Where it is quite impossible for the mother to suckle the child milk from a scientifically-managed farm, and pasteurized or sterilized where it is considered advisable, should be employed, and the mothers provided with a supply for the night. It is universally admitted that all the precautions for the hygienic management of crèches by day are too often thrown away owing to dirty milk and improper feeding in the homes at night.

Above all, there should be co-ordination in this movement. Isolated societies, each managed on some special plan beloved of the founders, overlapping and often injudiciously and ignorantly administered, do a great deal of harm. The same needs exist all over Great Britain; why not then employ pretty nearly the same methods? In this way, and in this way alone, will good be done instead of harm.

### THE STUDENT LIFE.

PROFESSOR OSLEE'S farewell address to Canadian and American medical students, entitled *The Student Life*, has been reprinted by Mr. Horace Hart, of the Oxford University Press, and may be commended not only to

students in this country, but to practitioners. The "notes" of the true student are, he says, an absorbing desire to know the truth, an unswerving steadfastness in its pursuit, and an open honest heart, free from suspicion, guile, and jealousy. No human being is constituted to know the truth, the whole truth, and nothing but the truth; even the best of men must be content with fragments, with partial glimpses, never attaining to full fruition. The truth is the best a man can get by his best endeavour, the best that the best men accept; with this he must learn to be satisfied, retaining at the same time a humble, but withal earnest, desire for an ever-larger portion. Only by keeping the mind plastic and receptive can the student escape falling into a condition of mind-blindness, in which he fails to recognize the truth though it stares him in the face. Every truth has to struggle to gain acceptance against honest but mind-blind students. Only steadfastness and humility enable the student to shift his position to meet the new conditions in which new truths are born. An honest heart will keep him in touch with his fellow-students, and give that sense of comradeship without which he travels an arid waste alone. The teacher, too, must be a student among younger students. He is no longer Sir Oracle; the new methods have changed all that. Professor Osler deplors the lack of proper preparation that most students bring to the study of medicine. No one, he says, can have watched successive groups of young men pass through the special schools without profoundly regretting the haphazard, fragmentary character of their preliminary education. For our own part we believe that this is largely due to the early age at which, under the stress of economic conditions, the medical student mostly begins his professional studies. It is not so much, we believe, want of knowledge as immaturity of mind that is the difficulty. Owing to the vast range of the curriculum a student is driven to specialize too early. He has to work not to gain knowledge but to get through his appointed ordeal of examinations as quickly as possible. Much as the raising of the general standard of education has done for the mass of the profession, we doubt whether there are among us so many men of truly original mind as there were when the student was not haunted by the ever-beckoning spectre of examination.

Passing on to deal with the "student-practitioner," Professor Osler says that at least five years of trial await a man after parting with his teachers; on those years his future depends, and from them his horoscope might be cast with certainty. It has been said of clerics, *Initium sermonum finis studiorum*. The same thing may be said of too many doctors. Apparently, however, Professor Osler does not regard such a farewell to saws of books as coming within the scope of his discourse, for he seems to take it for granted that even the man who is least studious will read a weekly journal and an occasional textbook. Of such a one he predicts that in ten years he will be mentally dead, fit only to do the routine work of an ordinary practice, and more interested in stocks or in horses than in diagnosis or therapeutics. Given, however, the right disposition, the student-practitioner requires three things to maintain his education—a notebook, a library, and a quinquennial brain-dusting. Professor Osler urges every practitioner to make notes of his cases on the spot; they should be grouped in three categories—clear cases, doubtful cases, mistakes. It is a common error, he holds, to think that the more a doctor sees, the greater is his experience and the more he knows. He has an apposite quotation from

Cowper on the point, which he says he is never weary of repeating in a medical audience:

Knowledge and wisdom, far from being one,  
Have oft-times no connexion. Knowledge dwells  
In heads replete with thoughts of other men;  
Wisdom in minds attentive to their own.  
Knowledge is proud that he has learned so much;  
Wisdom is humble that he knows no more.

The practitioner is advised to read with two objects: first, to acquaint himself with the current knowledge on a subject and the steps by which it has been reached; and, secondly, to understand and analyse his cases. More essential than either note-taking or reading is the quinquennial brain-dusting. In London, at any rate, there are now ample opportunities for the post-graduate study which is needful for the "renovation, rehabilitation, rejuvenation, reintegration, resuscitation" upon which Professor Osler strongly—indeed, vehemently—insists.

### THE METHODS OF MODERN SCIENCE.

DURING the summer of 1905 a course of Extension Lectures was delivered at Oxford on the methods of inquiry which are pursued in various departments of scientific research. A selection of these lectures, each delivered by a well-known authority in his special branch of science, has been made, and has been published in a volume edited by the Dean of Christ Church.<sup>1</sup>

The first two lectures, by Professors Case and Gotch, are general in character and introductory to the whole course. The former deals with the logical principles on which scientific reasoning is based, and emphasizes the close and necessary interrelationship of the inductive and deductive methods. Professor Gotch in his turn illustrates the development of the scientific spirit of inquiry into Nature by examples drawn from the early history of the Royal Society, in the days when its members found it difficult to make headway against the bigotry of their critics who denounced Nature study as impious.

The lectures which follow deal with the special sciences, and generally adopt the plan of describing some particular investigation in detail to illustrate the method of overcoming the special type of difficulties which are characteristic of the science in question. Professor Sherrington took animal heat as his representative physiological problem; Professor Weldon the laws of chance in their relationship to Galton's theories of heredity; and Dr. McDougall, starting from the principles laid down by Fechner, traced the development of modern psycho-physical methods of investigating the perception of light. Perhaps the most interesting lecture in the series is that delivered by Sir Richard C. Temple on anthropology, in which he discussed the ideas of exchange and barter prevalent amongst primitive races, and followed out the stages by which the conception of currency has been developed.

The lectures are all of individual interest, and must have admirably fulfilled their purpose, providing the audience with a series of pleasurable discourses on learned subjects. But one cannot take them very seriously as analytical studies of the fundamental principles on which scientific knowledge is constructed. They have little cohesion with each other; they illustrate different kinds of scientific work, but do not constitute a systematic outline of scientific methods. The limited scope of the book ought to have been made clearer by a title which indicated that no more was

<sup>1</sup> *Lectures on the Methods of Science*. Edited by T. B. Strong, Dean of Christ Church. Oxford: Clarendon Press. 1906. (Demy 8vo, pp. 249. 7s. 6d.)

intended than a series of popular illustrations of the ways in which certain scientific results had been established. We should be very glad to see the subject of scientific method dealt with on a much more comprehensive plan by the eminent men of science who have contributed these lectures. It is a matter of great importance, not merely owing to its theoretical interest, but as a practical problem of education. The great defect of a large part of the research work which is being turned out at the present day is its lack of method; it betrays an absence of logical training and shows little sign of that critical capacity for estimating the value of evidence which is pre-eminently the gift of the legally-trained mind. This is no matter for surprise when we remember that this side of the science student's education is almost entirely neglected. After acquiring the elements of his subject he proceeds at once to research work; he possesses no training in the general methods of logic, nor is any effort made to teach him that the fabric of the science which he is investigating is an example of applied logic, and depends for its stability not merely on the accuracy of its facts but on the process of mental construction by which these are put together.

#### THE DISINFECTION OF SHIPS.

A RECENT report by Dr. John Wade to the Local Government Board on the application of sulphur dioxide for disinfection on shipboard<sup>1</sup> will be of considerable interest to those engaged in the arduous and responsible task of defending our shores from infection from without. At present, when a vessel on which plague, cholera, or yellow fever has broken out is disinfected, destruction is required, not only of bacteria, but in the case of plague, of rats and their fleas; in the case of yellow fever destruction of mosquitos is also called for. Fumigation with a gaseous disinfectant toxic alike to bacteria, insects, and rats is necessary; and the efficiency of the process is impeded by the fact that the living entities to be destroyed are generally contained in a hold loaded with merchandise.

The reasons that have led Drs. Haldane and Wade to prefer sulphur dioxide to carbon monoxide and formaldehyde for the object in view are briefly because carbon monoxide, though it destroys rats, fails to destroy mosquitos and bacteria; and formaldehyde vapour, while it destroys bacteria, has the disadvantage of sparing the rats and mosquitos. Formaldehyde, moreover, is stated to have no penetrative power practically, and for its subsequent complete removal the disinfected material must be chemically treated.

The investigation which Dr. Wade has carried out, therefore, has had for its object the determination of the most effective method of applying sulphur dioxide for the purpose of disinfecting a cargo *in situ*, and dealt with the subject from a practical and economic standpoint. A model ship's hold of a capacity of 1,350 cubic feet, or roughly 34 tons, was constructed, and filled with a cargo representing an ordinary mixed load from an Indian port—jute, maize, barley, etc. This cargo was packed with great care, special attention being given to avoiding interstitial spaces so as to make the test of penetration as severe as possible. Cages containing rats were placed in the middle and at the top and bottom of the cargo, and flexible metal tubes were distributed throughout and connected to a small laboratory erected on the outside of one wall of the hold so that samples

<sup>1</sup> Report to the Local Government Board on Further Experiments on Sulphur Dioxide, as applied in the Destruction of Rats and in Disinfection on Shipboard. By John Wade, D.Sc. London: Wyman and Sons. 1905. (2s. 6d.)

of air could be drawn off from each part of the interior and analysed. Dr. Wade was thus able to determine the proportion of sulphur dioxide in different parts of the cargo and hold under various circumstances with considerable accuracy, and the thoroughness of the investigation can be gathered from the fact that in the course of the inquiry no less than 1,100 such samples were examined.

Three methods of generating the sulphur dioxide were used, and the degree of penetration was determined by direct analysis of the air in different parts of the hold, by the action of the gas on rats in the cargo, and by its action on a series of non-spore-bearing bacteria placed in a crate in the centre of the cargo. Dr. Wade concludes that rats and insects would be destroyed in less than two hours by the uniform diffusion of at most 0.5 per cent. of sulphur dioxide. He finds that this condition is easily and quickly reached in cabins and empty holds, and in the space around the cargo in a loaded hold; but owing to the extensive absorption of the gas, air containing 3 per cent. of it must be circulated around the cargo for eight to twelve hours to ensure adequate penetration. He also concludes that pathogenic bacteria would be destroyed by the above treatment, and if the hold be closed for a like period afterwards, sufficient penetration will have taken place to ensure the disinfection of all those parts of the interior of the cargo in which such bacteria are likely to be present. Complete penetration can in extreme cases be secured by repeating the fumigation without opening the hatches. We may point out that this last statement is of importance, in view of the fact that the pathogenic bacteria exposed by Dr. Wade to the disinfecting gas were derived from artificial cultures, and therefore more easily destroyed than would probably be the case in practice where the albuminous envelope afforded by the body secretions in which they are expelled would tend to protect the bacteria from the action of the disinfectant.

As regards damage done to cargo, besides the destruction of moist foodstuffs such as fresh meat, fruit, and vegetables, Dr. Wade found that wheat in bags is rendered useless for bread-making by disinfection with sulphur dioxide, but that owing to the slowness of penetration, wheat in bulk is not seriously affected, and barley and maize are practically unaffected. Textile fibres and fabrics, metals and furniture are not affected by the sulphur dioxide, but are liable to injury by the accompanying sulphuric acid when the gas is produced by burning sulphur, unless they are protected by a suitable covering. Jute in bales is not affected in any case. Full particulars are given of different modes of generating the sulphur dioxide and of their relative cost and merit, and the conclusion is reached that the gas may be generated either from sulphur or from the liquefied gas, the former process being on the whole preferable on the ground both of convenience and economy. By combining a small sulphur furnace with a large air-blower, and by providing suitable distributing valves, several holds may be supplied simultaneously with sulphur dioxide in concentration sufficient for disinfection.

#### THE CORRECTNESS OF THE MEDICAL REGISTER.

For some years past a plan has been in force under which the Registrar of the General Medical Council issues a circular to one-third of the practitioners on the *Medical Register* residing in the United Kingdom, from whom no communication has been received during the previous twelve months, inquiring whether the address registered in the *Look* of the Council is correct. In

1903 such circulars were issued to practitioners whose names began with the letters of the alphabet from A to G, in 1904 the names beginning with letters from H to O were dealt with, and last year the alphabet was completed. If the practitioner fails to return an answer to this letter of inquiry it is lawful under Section 14 of the Medical Act, 1858, for the Registrar to erase his name from the *Register*, and we observed that even last year 169 were thus erased. This year no circulars of inquiry have been or will be issued, as the sending out of the voting papers for the approaching election of direct representatives will in itself afford a means of checking the correctness of the *Medical Register*. The voting paper to each registered medical practitioner in England and Wales and Scotland will be posted to the address registered on the *Medical Register*; it is important, therefore, that any practitioner who may have recently changed his address should communicate with the Registrar of the General Medical Council, 299, Oxford Street, London, W., in order to assure himself that the address registered is correct, otherwise, not only will the vote be lost, but the name may be erased from the *Register*.

#### RURAL HOUSING AND SANITATION.

ALL who view the depopulation of rural England with the alarm and anxiety which it properly engenders are earnest in seeking for some solution of the housing problem. There can be no doubt that bad homes greatly dispose the peasantry to seek better fortunes in the town districts. The young people who want to get married, and find no possibility of getting a decent cottage in the country, are especially affected. Only the other day we read the complaint of a clergyman on the declining marriage-rate in his parish, due, as he pointed out, to the impossibility of finding homes for young married couples. Migration to the town under these circumstances robs the country of its most promising population. Some would seek a remedy in more drastic legislation for the provision of cottages, but legislation takes time, and meanwhile the rural exodus steadily runs on. The Rural Housing and Sanitation Association, on the other hand, whose appeal for support is before us, seeks to check rural depopulation by improving village homes, by a more energetic administration of existing Acts. The Association points out that dilapidated cottages, too often insanitary and overcrowded, and often without any, or any proper, water supply, tend very strongly to drive away from the countryside people who desire decent homes. To all such people the Association offers a helping hand, and by means of visits and communications seeks to stir up a desire to provide decent housing, and endeavours to instruct country folk in the simple sanitary requirements of a healthy home. There can be no doubt as to the excellence of such work. It lends authority to the humane reformer in every district, and gives the support of public opinion to local councils and local health officers in carrying on the difficult work of rural sanitation. The Society relies largely on the help of medical officers of health, and has more than once pointed out how important it is that sanitary officers should have security of tenure in their appointments if they are to be properly protected in the discharge of difficult duties. The offices of the Association are at 9, Southampton Street, High Holborn, and we would advise all who are anxious to help in the work of bettering the homes of the rural population to obtain the reports and publications of this useful Society, of which the Right Hon. Sir Walter Foster is President.

#### CRIMINAL ANTHROPOLOGY AND THUG SKULLS.

At the last meeting of the Royal Society of Edinburgh last week, Sir William Turner, K.C.B., submitted Part 3

of his Contributions to the Craniology of the People of the Empire of India. Amongst the skulls, of which he exhibited photographs, were specimens of Thugs, who, Sir William explained, made it their business to frequent the great highways of India and become friendly with travellers, with a view to setting upon them and strangling them. They did this with so much care and forethought that no one ever escaped. Large numbers of people disappeared and no one knew what became of them, as the Thugs buried their victims with such secrecy that the burial places could not be discovered. The attention of the Government was at last directed to the matter and the system was now believed to be at an end. A number of the skulls of these Thugs found their way to Edinburgh, several of which had been presented to him. Altogether he had examined 15. This practice was hereditary in families, and the people who practised it regarded it as a religious duty—that they were offering sacrifices to the particular goddess they worshipped. They read nowadays in medical and other journals of the “criminal” type of skull. The criminal was believed to have marks on his skull which showed him to be a morally degraded person. In these skulls they had a means of investigating this question of criminal type, because here they had people whose families had for generations been devoted to crime, and if such a thing as a criminal type prevailed they would expect to find it in them. Exhibiting a photograph of one of the Thug skulls, Sir William said it was exceedingly well-formed. There was a well-arched forehead, and no want of symmetry. He did not consider that in these skulls of the Thugs there was any evidence whatever to support the view that there was a definite type of criminal skull. Sir William also described two skulls which had been sent him by a former pupil who was with the Thibet expedition. He pointed out that one, that of a Thibetan proper, was Mongolian in type; and the other, that of a Kham warrior, was of the long-headed type. The fighting of the Thibetans was very poor in the early stages of the expedition. They were so afflicted with monastic institutions that there was not much courage in them. The people of Kham, however, were different. They were warriors, and it was found that the fighting was more severe after the Kham warriors joined the Thibetan people. There seemed to be a physical correspondence between the people of the Kham country and the people of Upper Burmah.

#### THE INFECTIVITY OF INHERITED SYPHILIS.

In another column Dr. W. R. Grove, of St. Ives, gives brief histories of three cases of syphilis, presumably acquired from a baby 18 months old, with the inherited complaint. In each case the site of infection was believed to be the tonsil. The series raises several points of importance. In the first place it may be pointed out that the view that the power of infection in inherited syphilis was much exaggerated by writers in the past is very widely held nowadays and instances in which more than one person had acquired the complaint from a single case are of extreme rarity. The best instance during recent years is afforded by the series of cases recorded by Mr. Hutchinson, in which a number of persons acquired syphilis through the agency of vaccination with lymph taken from infants with the inherited disease. In the light of more recent knowledge many would now consider the evidence put forward by Mr. Hutchinson in proof of the inherited nature of the disease in the infants as insufficient; it is highly probable that they were the subjects of acquired syphilis and not of the inherited variety as he supposed. It is, therefore, worth while to ask whether it was possible that the infant who started the series of cases recorded by Dr. Grove

may have been suffering from syphilis acquired after birth. The mother is stated to have contracted syphilis two years before the birth of the child, and if the treatment she received was of a satisfactory character and continued even for three months only, there would have been nothing unusual in her giving birth to a healthy infant after the period mentioned. The infant developed universal pemphigus a few days after birth, but recovered. Syphilitic pemphigus in the newborn is seldom widespread, and recovery from even a limited eruption exceptional; pemphigus neonatorum is, of course, by no means always syphilitic, and recovery from a widespread non-specific variety is far from unusual. Dr. Grove states that the mercurial treatment of the infant "was not continued for more than about six months." Recent writers differ widely on this point, but some would not advise a course even so long as this. Eustace Smith recommends the discontinuance of the mercury on the disappearance of the symptoms, and with this Donkin agrees. Ashby gives half a grain of grey powder, afterwards increased to a grain, twice a day for six weeks or two months. Goodhart and Still say nothing about the duration of treatment, but Coutts advises the administration of mercury for at least four months after the disappearance of symptoms. Jacobi says that treatment should be persisted in for many months, and Emmott Holt for at least a year. Another writer whose opinion rests mainly on French experience, advises an initial two months' treatment with mercury, and that this should be continued on alternate months until the age of a year and a half. In the face of the discrepancies between these writers it cannot be held that the six months' mercurial course in this case was markedly inadequate as regards time. After such a fairly prolonged course, indeed, it is surprising that inherited syphilis should retain such virulence as to infect no less than three people when the infant was 18 months old. The stomatitis and condylomata which developed in the infant about six months after birth are as consistent with recent acquired syphilis in the infant as with the inherited complaint. Moreover, household surroundings that admit of syphilis and an illegitimate child in the course of two years are not of such "dazzling moral purity" that a fresh infection from the outside can be adjudged impossible; the infant might have suffered as well as the other members of the family. Exceptions to the so-called "law" of Profeta are not rare. Again, the infant may have suffered from inherited syphilis, and the others have been infected from another source, notwithstanding the remarkable site of the primary lesion in each. Dr. Grove's cases are of so much interest and importance that we have ventured to state some of the alternative hypotheses, not as probable but merely as possible explanations. If from the facts in his possession he is able to throw further light on the series he would render a service to students of the disease.

#### CYCLING AND SANITATION.

TOULOUSE, notable for centuries past as a centre of commerce and manufacture in the south of France, has been not less notable for its entire failure, in one respect, to march with the times. From the point of view of administrative hygiene it was until a very short time ago still wrapped in mediaeval slumber, and yet, in spite of this, there has been of late years a falling death-rate. The circumstance naturally attracted attention, and led to an endeavour by one of the professors of the Medical Faculty of this university town to discover what fresh factor was influencing the life of the city and silently producing such a seeming paradox. He has found it in a change in the habits of the working classes brought about by the comparative cheapness of the

modern bicycle. Large numbers of those who formerly helped to overcrowd the poorer quarters and spent their leisure time in the cafés are, thanks to the bicycle, able to live well away from the town, in cottages in which they and their families get plenty of air and sunshine. This explanation of Dr. Basset's is not mere guesswork, but based on an actual census of the number of persons who now go daily to and from their work on bicycles. Apart from this assurance the suggestion itself is of the most credible kind. In the days when bicycle riding was chiefly an amusement of the well-to-do it was recognized to be an exercise of distinctly therapeutic value provided indulgence in it was not excessive, and when the result of its adoption is a change from the conditions of urban life to those of the country for twelve hours out of the twenty-four the advantages are all on one side. In England, too, bicycles are utilized by workers to some extent, and they might be much more used with great advantage. The bicycle brings chiefly into play muscles other than those used in the great majority of trades, so that what a ride of moderate length adds to the gross fatigue of the day is fully discounted by the freshness born of half an hour's exercise in the open air. Where fairly clear roads and reasonable distances make it possible, it should certainly be better to go to work and home on a bicycle than in a train or crowded tramcar, provided that the worker enjoys average health and takes to bicycling while still comparatively young.

#### A SPECIALIST IN HUMAN NATURE.

DR. BERNARD HOLLANDER is one of that interesting colony of exiles who have left their country for their own good, and who honour us by choosing our little island as the scene for the display of their superior knowledge and the exercise of the sapient arts that can, it would appear, be acquired only at Teutonic seats of learning. The German doctor, indeed, may be said to take the place among us which the *Graeculus esuriens* held in the Rome of Juvenal and the "starving Frenchman" in Johnson's London. He knows all sciences, and can transform himself at will into an expert in inquest pathology or a specialist in human nature, normal and morbid. This remarkable speciality is claimed as his province by Dr. Hollander in *Who's Who*, that modern equivalent to the lantern with which Diogenes looked for a man. We were led to look for Dr. Hollander by the receipt of what appears to be the syllabus of a book on unorthodox methods of treatment of nervous and mental disorders to which his name is attached. This syllabus was sent to a layman, and it is perhaps not altogether rash to infer that he was not the only recipient of the document. A few extracts will give an idea of its character. After reference to the increased tendency to nervous and mental disorders which is said to be the result of the high pressure of modern life, comes the following suggestive passage: "Special knowledge required for the treatment of mental diseases. Recent researches enable us to locate the part of brain which is the seat of disease. Methods of treatment of early stages. Cases of chronic insanity cured by operation. Abnormalities in the shape of head of backward children. Treatment of feeble-mindedness, irrational conduct, and moral obliquity." Further on it is explained that "why the drug treatment sometimes fails to cure nervous diseases is that the efficacy of drugs depends on their absorption." Hence, naturally, "special mode of preparation and combination may be necessary to assure their entering the system." All disease is said to be "an effort of Nature to throw morbid matter out of the system," and we gather that this desirable consummation is helped by psycho-therapeutics,

electro-therapeutics, etc. The value of "brain foods" is insisted upon. It is an obvious inference that the author of this profound work must be the best interpreter of his own system, and the most successful in applying his own precepts; therefore, lest any pilgrim in search of health should miss the shrine where Nature may be helped to throw morbid matter out of his system, and where he may obtain enlightenment about "brain foods," a convenient little map of the district in which the priest of the shrine dwells accompanies the syllabus. Dr. Hollander may or may not be a great neurologist, but the syllabus and the map which we have been privileged to examine are sufficient to show that he is fully entitled to describe himself as a specialist in human nature.

#### THE BRITISH PHARMACOPOEIA AS STANDARD.

A CASE under the Sale of Food and Drugs Act, which was decided in the Edinburgh Sheriff Court on June 7th, turned on a much-veiled question, which is of considerable interest to prescribers—the question, namely, of how far the *British Pharmacopoeia* is a legal standard for the sale of drugs and preparations named therein. Briefly, the facts were as follows: The defendants, Messrs. Duncan, Flockhart, and Company, sold to the Leith Sanitary Inspector a quantity of liquid extract of cascara sagrada, which was admitted to be of the same strength as the official preparation, but which contained glycerine, instead of alcohol, as preservative. The essential facts of the case were not disputed on either side. The defence was that the article was not sold as the liquid extract of the *British Pharmacopoeia*, but was clearly labelled "Duncan's," and the attention of the purchaser was drawn to this fact; that the preparation was of the same strength as the official one and superior to it in keeping properties, and had been prepared by the defendant firm in the same way since 1882, at which time there was no official formula for this substance. In giving judgement, the Sheriff considered the essential point to be whether chemists are at liberty to depart from the instructions of the *Pharmacopoeia* in regard to non-essential ingredients of a preparation, such as substances added as preservatives, as in this case. He held that the sale of an article differing only in such respect from the article described in the *British Pharmacopoeia* was not to the prejudice of the purchaser, and he acquitted the defendants of contravention of the Act. This decision may appear at first sight to open the door widely to variations in the preparation of medicines, and to go far to defeat the purpose for which the *Pharmacopoeia* is established. There is no authoritative distinction between the essential and non-essential constituents of a medicine; in the present case both medical and pharmaceutical witnesses stated that they considered alcohol to be an essential ingredient of liquid extract of cascara sagrada, while similar witnesses on the other side were of opinion that it is by no means essential, but that the use of glycerine in its place yields a superior preparation. However this may be, medical men and chemists alike will agree that it is of great importance for a prescriber to have full confidence that a prescription for an official substance will always be dispensed with an identical article at every pharmacy where it is presented; even the small and at present unavoidable differences that occur, owing to natural variations in different batches of a drug, not infrequently lead to some disquietude on the part of the patient, who may notice some difference in appearance or taste, and feel convinced that he has been supplied with wrong or inferior medicine. Nevertheless, it does not appear that any other decision could have been come to than that given by the Sheriff. Nowhere in the Sale of Food and Drugs Act, under which the action was brought, is the *British Pharmacopoeia* defined as a legal

standard for the sale of drugs. It has often been cited as the authority in cases brought under this Act, but not infrequently the claim has only been that it constituted *prima facie* evidence as to what the purchaser desired to receive when asking for the article in question; and in successful prosecutions for selling drugs not complying with pharmacopoeial requirements, the offence has consisted in some inferiority in strength or purity, whereby the purchaser was held to be prejudiced. The Pharmacy Act of 1868 makes it a penal offence for any person to "compound any medicines of the *British Pharmacopoeia* except according to the formularies of "the said *Pharmacopoeia*"; and it is possible that if the charge in the Edinburgh case had been brought under this Act, the result might have been different. The opinion expressed by the Medical Officer of Health for Leith that "if the *British Pharmacopoeia* were not taken "as the standard, every chemist would be his own "pharmacopoeia," is also perhaps not well founded. Much is done by chemists by means of unofficial formularies, such as that published by the British Pharmaceutical Conference, to secure uniformity in preparations that are not official; and the appreciation by chemists of the need for uniformity, and the provisions of the Pharmacy Act, will doubtless continue to ensure as close an adherence to the *Pharmacopoeia* in the future as in the past.

#### NURSES' REGISTRATION.

THE annual meeting of the Royal British Nurses Association, held on May 31st, proved very inharmonious, a small but active minority making clear its extreme dissatisfaction with the Managing Committee. The main debate, however, centred round a point which, it must be admitted, is of importance to nurses themselves, and likewise, though in a minor degree, to all those likely to be in any way affected by the passage of a Nurses' Registration Bill. The point in question is what representation the Royal British Nurses' Association should endeavour to secure for nurses on any Central Nursing Board which in the future may be established. The Bill originally submitted to Parliament by this body proposed a Board of thirty-one, including representatives of a great number of different institutions and bodies. The Medico-Political Committee of the British Medical Association, in a Memorandum to the Divisions on the subject, expressed the opinion that the number was far too large, and the Select Committee of the House of Commons subsequently took the same view, stating that the Board ought to number not more than fifteen. The belief was also expressed that those represented should be matrons, nurses, the medical profession, nurse-training schools, and the public. In consequence of this report, the Royal British Nurses' Association has since been endeavouring to modify its proposed council. What it now suggests is that the Board shall consist of sixteen persons, seven of whom shall be nurses, and the rest medical men and laymen. The minority, however, at this meeting pressed unsuccessfully for ten nurses, five medical men, and one layman. A medical member of the minority quoted the British Medical Association as having formally stated that there were too many medical men on the proposed Board, and stated that most of its local branches had unanimously agreed that doctors had not time to manage nurses' affairs. Medical men, when successful were too busy, he said, to devote time and attention to the nursing profession. Where the speaker, Dr. Bedford Fenwick, acquired these beliefs is not quite clear. The precise formation of any central board which may be established under a Nurses' Registration Bill is not one of the points which has yet been definitely considered by the Medico-Political Committee, or submitted to the Divisions for

their consideration. It has only been stated that the Boards proposed in either of the Bills so far laid before Parliament appear far too large, and that the medical profession would be adequately represented by three members, one appointed by the Crown, one by the General Medical Council, and one by the British Medical Association. Several of those who spoke on behalf of the minority made remarks which seem to indicate views a little out of focus. Starting with the assertion that nurses and doctors are now of the same status and that doctors are governed by a council of medical men alone it was argued that nurses should likewise be left to manage themselves. The analogy, however, as clearly indicated by Sir James Crichton-Browne, the Chairman of the meeting, is obviously incorrect, for nurses, however well trained, can never be an independent body, but must always work under doctors with the public for a common master. As a forecast of the future the most important statement made at the meeting was that Mr. Tennant, the Chairman of the Select Committee, had been endeavouring to persuade the Royal British Nurses' Association and the Society for the State Registration of Nurses to join hands and work for the passing of the Bill establishing a central Board composed of six nurses, five medical men, and five laymen.

#### ARMY MEDICAL REFORM.

MR. BRODRICK'S letter on army medical reform, to which reference was made in our last issue, has awakened a powerful echo in a letter from Sir Frederick Treves, which appeared in the *Times* of June 8th. He says with truth that, thanks largely to Mr. Brodrick, the Army Medical Corps, as regards its *personnel*, its equipment, and its internal organization, is second to none in the world, but in the field it is, in the most important part of its duty, almost helpless. After reciting the South African statistics of sickness and wounds respectively, Sir Frederick Treves says that if the medical service had a free hand it could prevent disease. At present, however, there is no co-ordination of sanitary effort, and no organization to cope with the great hygienic problems encountered on field service. Who is responsible for failure in sanitation? Apparently no one. The Principal Medical Officer cannot be held accountable, for he has no means of doing what is needed and no authority to use it if he had. The combatant officer is ignorant of hygiene, and the soldier, though he has been taught how to seek cover, has received no instruction how to guard against infection. The medical energy of the British army, says Sir Frederick Treves, in the field is at the wrong end of the column. It is in the rear to deal with the sick; it should be in the van to ward off the onset of disease. By way of remedy he urged that the head of the Medical Department should be not, as at present, the Adjutant-General, but the Director-General, who should be responsible for its efficiency and economical administration, and should have control of the money voted for the medical service. The army medical officer should have authority to order, and a *personnel* at his command to carry out the necessary sanitary arrangements, while the combatant officer and the soldier should know enough of hygiene to secure their obedience and intelligent co-operation in the work. It is pointed out by Sir Frederick Treves that these reforms would entail no additional expenditure except for some increase in *personnel*, while instead of providing for 10 per cent. of sick as is now the case, it would be possible to enter on a campaign with provision for only 7 per cent., or in time for even less. Like Mr. Brodrick, Sir Frederick Treves advocates the same reforms for which we have over and over again pleaded. We have piped, but the War Office has not danced. We hope that, now

the tune has been taken up by such powerful voices, the public, which has to pay for the tremendous loss of efficiency caused by preventable disease in war, will at last be got to listen. The indifference with which the whole question of army medical reform has hitherto—except in occasional spasms of indignation when a scapegoat was wanted—been regarded both by the military authorities and the nation, can only be explained by the ignorance of the principles of hygiene which still prevails among the people. Till that is removed, the importance of preventive measures will not be understood, and nothing will be done. We heartily join in the hope expressed by Sir Lauder Brunton that a clause making the teaching of hygiene in schools compulsory will be introduced into the Education Bill now before Parliament.

#### THE PREVENTION OF SYPHILIS.

IN the course of the Harben lectures, recently delivered by him at the Royal Institute of Public Health, Professor Metchnikoff stated that an assistant in the laboratory accidentally infected his lip with the syphilitic virus from a macacus monkey. A suspicious ulcer formed at the site of infection but soon healed. Four weeks later, however, an ulcer similar to the first formed on the lip of this assistant. A Javanese macacus was inoculated with some fluid taken from this ulcer, and two typical primary lesions appeared at the site of inoculation in the course of a month. These lesions were found to be teeming with the micro-organism described by Schaudinn, but the assistant did not suffer from syphilis. The conclusion was drawn that the assistant was infected on the lip with syphilitic virus from a macacus which acted on him like a very attenuated virus, and, to confirm this, an aged woman was inoculated at her own request with virus passed through a macacus. After a period of six months no swelling of the lymphatic glands nor any secondary lesion was observed in this woman, and Metchnikoff therefore believes that the macacus monkey may attenuate the syphilitic virus for man. A definite method of antisymphilitic vaccination is not yet put forward, but the indication has been given. In the opinion of Metchnikoff, even if the existence of a vaccine against syphilis is conclusively proved it could only be employed under exceptional circumstances, because if used on a large scale the attenuated virus might cause distressing complications, for the fact is universally accepted that a certain percentage of patients suffering from general paralysis and from tabes have only shown slight and insignificant syphilitic lesions. Metchnikoff therefore suggests that vaccination for syphilis should be practised only on those persons exposed to the greatest risk of acquiring that disease, and according to him should be selected from among the beginners in prostitution. He urges that as almost all of these persons are condemned to acquire syphilis, vaccination would be an advantage for them as well as for the men. He recognizes, however, that to carry out this plan many difficulties would have to be overcome. Syphilitic infection in prostitutes begins early, about the fourteenth year, and these girls, being minors and ignorant, enjoying full liberty, without the slightest constraint, could not be persuaded to submit to be vaccinated against syphilis. In Russia, however, especially in the rural districts, syphilis is not spread so much by prostitutes but most commonly by little children. Syphilis in Russia, after penetrating into an obscure hamlet miles away from any doctor, establishes itself at every hearth, and the children by their games and caresses disseminate the infection. Metchnikoff urges that children in danger of acquiring syphilis from their relatives and of passing it on to other children might be more easily subjected to vaccination, because they have not the liberty of doing as

they like but must obey their parents, who might be brought to understand the advantage of the proposed vaccination.

#### EYESIGHT-TESTING OPTICIANS.

WE notice a somewhat remarkable advertisement in the *Surrey Comet* by a tradesman who calls himself a "Fellow of the Worshipful Company of Spectacle Makers" and a "specialist for defective eyesight," and claims to give "very careful examination to children and difficult cases, and employs an improved method of examination by which the instillation of harmful drugs and a dark room are avoided." The authorities of the Spectaclemakers' Company through their Master, Sir William Hart Dyke, some years ago pledged themselves to us to maintain the conditions imposed upon their diplomates, one of which reads "that he will not publish any advertisement unfair to fellow craftsmen or misleading to the public." We should say this is a crying example of that sort of advertisement. Nothing demonstrates better the undesirability of permitting legislation such as that desired by the Spectaclemakers' Company in the interests of its diplomates. It has been abundantly shown in the memorials sent from the General Medical Council, the Royal College of Surgeons, and the Ophthalmological Society that it would be unfair to the tradesmen who desire to sell spectacles without claiming to correct defects of vision; to the medical profession, which possesses the necessary skill, and to which such work should be restricted; and to the public, which can only be misled and suffer in person and pocket from these unwarranted claims. The advertiser in this case seems to be sending a circular to the medical profession in his neighbourhood offering to "reciprocate"—whatever that may mean; but, as we have repeatedly pointed out, it is the obvious duty of members of the medical profession to refuse to co-operate in any way with advertising opticians of this class.

#### THE POSITION OF MEDICAL OFFICERS OF HEALTH.

A FEW months ago the Battersea Borough Council, when advertising for a medical officer of health to fill the place vacated by Dr. McCleary, issued certain revised standing orders governing the conditions of the appointment. In these orders it was proposed that the new officer should carry out his duties in "co-operation and conference" with the chief sanitary inspector of the borough, and should "issue all instructions and communications to sanitary inspectors (male and female) through the chief sanitary inspector." These standing orders would have introduced a system of dual control, and would have prevented the M.O.H. from occupying that position of freedom and independence conferred upon him by statute, and essential to the due discharge of the responsible duties of his office. The standing orders were contrary to the spirit of the Public Health Acts, and contrary to the system of administration established throughout the country under the regulations and orders of the Local Government Board. Better counsels have, we are glad to say, prevailed, and the Battersea Borough Council has decided to omit the clause in the standing orders which would have created dual responsibility. How this result was brought about we are not aware, but we believe that representations were received by the borough council both from the London County Council and the Local Government Board. The fact that the member for Battersea is President of the Local Government Board lent a certain piquancy to the situation, and it would be interesting to know whether in this instance Mr. Burns exerted his personal influence to prevent a serious mistake being made.

The relative positions of the medical officer of health and the sanitary inspector is a matter which admits of no doubt. It is manifestly impossible that the sanitary administration of any local authority should be under dual control. It is equally absurd that the medical officer, who has undergone a long and arduous course of training and education in his profession, should be subordinated to one whose sole claim to predominance may be the possession of a certificate based upon a thirteen-weeks' course of lectures. The offices of the medical officer of health and sanitary inspector are so co-ordinated that united action is necessary. Where any question arises as to conflicting duties the orders of the Local Government Board are quite clear, and the medical officer of health is invested by statute with all the powers of a sanitary inspector; the converse is not the case. The questions of dealing with infectious disease and its causation, the estimation of death returns, the value of water analyses, and all bacteriological questions fall within the purview of the medical officer of health only, while it is his duty equally to be acquainted with all questions of drainage, house sanitation, meat supplies, etc., in regard to which the inspector is his executive subordinate. A knowledge of the law to be administered should be the common property of both officers. If the medical officer of health does not excel in this question it must be due to lack of interest in his work.

#### THE COST OF ASYLUMS.

The *Halifax Guardian* published not long ago an article since republished as a leaflet, "Is Insanity on the Increase? The Stately Homes of England and our Modern Lunatic Asylums," by "B. Dubius, M.D.," purporting to be a railway conversation between the writer and another. Dr. Dubius animadverted upon the enormous cost of these institutions and upon the undoubted fact that, because of their high standard of comfort and care, their at times unnecessary sumptuousness, and their "respectability" as contrasted with workhouse provision, they are largely taken advantage of, at the expense of the ratepayer, by those who seek to relieve themselves of the burden of aged and dependent relatives who are in their dotage. Interrogated by his interviewer as to the means of remedying this state of affairs, Dr. Dubius made the following among other suggestions: The cessation of asylum extension; the rejection by asylums of all insane people over 65 years of age; the reversion to the old system of small institutions in connexion with union infirmaries; the encouragement of home treatment of the demented, the senile, and the paralysed, and the adoption of the boarding-out system as practised in Belgium. Railway conversations are seldom free from interruption, and possibly from this fact, or, it may be, from incorrect reporting, there is a sprinkling of errors in the account given of the Gheel colony and in the statistical information as to the growth of certified insanity. Also, Scotland is not, as stated, only "now adopting part of the system," for the family-care system has been applied there with marked success for nearly half a century; and the writer might, further, have strengthened his argument by outlining the system which obtains in Saxony, a full description of which had already been published in our columns. Nevertheless, the publication in a lay paper of the views of "B. Dubius" cannot but do good by directing attention to a question which closely concerns both the public purse and the public welfare, and will aid, with other publications—such as the series of articles by the Rev. Clement Pike on this subject in the *Inquirer*—in creating that important desideratum, an instructed lay opinion.

## PRACTITIONERS AND THE LAW OF NEGLIGENCE.

WHY should medical practitioners be liable to actions for negligence? This is a question which has probably suggested itself to the mind of members of the profession who read the answer of the Attorney-General to a similar query relating to members of the Bar. Learned counsel may accept a brief; he may absent himself from court for the whole or part of the time during which the case is heard; he may conduct the case with incompetence—yet no action may be brought against him. And why? "Because," says the Attorney-General (and there is high and venerable judicial authority for his answer), "when counsel is briefed he enters into no legal contract. His position is that of one who undertakes a moral duty, and the fee which he receives is a mere honorarium, for which he cannot bring suit." In other words, he cannot be sued for negligence, nor can he sue for his fees. The fact that counsel cannot sue for his fees was clearly recognized in 1630. In a case which was tried in that year, "The plaintiff, being a counsellor-at-law, brought his bill for fees due to him from the defendant, being a solicitor, and was to account to him at the end of every term. The defendant demurs. This Court allowed demurrer *nisi causa*. Demurrer affirmed and the bill dismissed." It is not on record that any similar case has ever been successful. As to negligence, it was declared in the reign of Henry VI that "*si je retaine luy* (meaning a counsellor-at-law) *d'estre de mon counsel al Guildhal en London al certain jour, sil ne vient al jour per que mon cause perish, action de deceit gist vers luy*." From this it appears that counsel were liable for negligence in former days, but the law has been changed by a process of evolution. Having said thus much as to the legal position of a barrister, one is at a loss to imagine what there is to entitle a member of the Bar to an immunity not enjoyed by the medical profession. It is notorious that a large number of practitioners never do sue their patients. It is, in effect, part of the statute law that Fellows of the Royal College of Physicians shall not bring actions to recover their fees. Why, then, should not the medical profession be entitled to claim the immunity which is enjoyed by the gentlemen of the long robe? A solicitor may sue and be sued; so may a general practitioner. A barrister may not sue nor may he be sued; but a consulting physician, while he cannot recover his fee, is exposed to the risk of an action for negligence at the hands of a patient who cannot be compelled to pay him anything. It is no answer to this complaint to say that actions against members of the profession are few and far between. Sophistries of this nature do not justify a distinction which law or custom at present draws between two of the great professions.

## HOMOEOPATHY IN CHICAGO.

CHICAGO, as we learn from the *Chicago Medical Recorder*, has for many years been the chief centre of homoeopathy not only in the United States, but in the world. More students, perhaps, have graduated in homoeopathy in that city than in the rest of the world combined. Our contemporary, however, sees signs of a decline in the sect. The two principal schools have within the last two years become amalgamated, and the fusion is generally attributed to reduced attendance at both. It would appear, moreover, that the education given in the sectarian institution is markedly inferior to that of the regular schools. Owing to the policy adopted by the Chicago Medical Society in admitting professed followers of Hahnemann to membership simply on their agreeing not to practise any exclusive line of treatment, there has already been a large secession

from the ranks of homoeopathy. Homoeopathy thrives as long as it was persecuted; toleration has reduced its adherents to their proper relation to the general body of the profession. The *Recorder* ends with the expression of a belief that "the days of homoeopathy are probably numbered."

## THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

MONDAY last was the latest day for the reception of candidates' nomination papers. There are altogether only five applicants, inclusive of Mr. Henry Morris and Mr. Richardson Cross, the two out of the three outgoing members of Council who seek re-election. Mr. G. A. Wright, Professor of Surgery in the Victoria University, is, of the three new candidates, the oldest as regards Fellowship, his diploma dating from 1878; he became a Member in 1877. He is undoubtedly a worthy representative for Manchester, at present unrepresented on the Council. Mr. Bruce Clarke became a Fellow in 1879, a year after he took the diploma of Membership. He represents a great school, and has taken an active share in the development of renal surgery. Mr. Charters Symonds became a Fellow in 1881; as a Member (1875) he is senior to the other new candidates. He represents another great metropolitan school, and no doubt will receive from Guy's men active and well-deserved support.

A SPECIAL meeting of the Central Council of the British Medical Association will be held at the offices of the Metropolitan Asylums Board on Wednesday next at 2 p.m., to consider the draft of the proposed Charter, together with amendments received from the Divisions.

THE General Secretary has received from Armour and Co., and the Morris Packing Company, of Chicago, letters inviting the Association, after the annual meeting of the Association in Toronto, to send delegates to Chicago to examine the stockyards and packing houses of these firms; Messrs. Parke, Davis, and Co. also write to invite members to visit Detroit to see their biological and pharmaceutical laboratory. These invitations will be submitted to the Central Council, whose decision will be made known after its meeting on July 4th.

## Medical Notes in Parliament.

[FROM OUR LOBBY CORRESPONDENT.]

**American Meat Imports.**—The President of the Local Government Board has had some questions put to him on the character of meat and tinned foods sent from America, and has made the following important statements. A quantity of boneless beef and pork was imported into this country from the United States. He understood that it was composed of beef "chucks," "pork cuttings," "ham trimmings," and the like, and that it was used in the manufacture of sausages, which were presumably sold without any declaration as to the sources from which the ingredients of which they were composed were derived. The law in the United States required all shipments of meat and meat products to Europe to be passed by inspectors of the Department of Agriculture before clearance was given to the vessel by the Customs authorities, and the Department had laid down elaborate regulations relative to the inspection of meat intended for export. Having regard, however, to the recent allegations, he had put himself into communication with the Secretary of State for Foreign Affairs, with a view to its being ascertained to what extent reliance could be placed on the