

phenomenon. If he uses accumulators he must charge them himself, electric light plants being few and far between, and if repairs have to be executed the car or the parts must be sent away, local repairers are so few.

Still he might put up with the tax without much grumbling were he sure of getting any compensation in the shape of better roads, but he knows that the average county councillor is quite content with the roads as they are and will not spend an extra penny upon them if he can help it and even if a grant is made to be spent on the main roads it will be of small service to him for the bulk of his travels are on by-roads and boroens contracted for at about twopence a perch of seven yards, Irish measure.

Furthermore, in Ireland the motor is the only vehicle on which there is any tax at present, and if an additional tax is put on motors it will be adding to the manifest injustice on those members of the community who are trying to use them.

Motoring in Ireland is still only struggling for existence, and country doctors hesitate about going in for it on account of the excessive cost. In England it generally pays the doctor to motor, in Ireland it does not, and the taxes will put motoring out of the question for the ordinary dispensary doctors, who comprise nine-tenths of the rural practitioners.

Whether it is fair to mulct this already underpaid and over-worked class still further is a question, we suppose, too small to exercise the consideration of an English Chancellor of the Exchequer in want of funds, though a moment's thought would show him that if the better care of the poor is of any consequence dispensary doctors whose districts are so immense might well be encouraged to use this form of progression more freely, even to the extent of assisting them by a subsidy as some English county councils have assisted their surveyors to get over more ground than they could with horse traction. The great difficulty of medical practice in rural Ireland is to afford proper attention to patients over a wide area, and it is only by the adoption of motor transit, or an increase in the number of doctors and curtailment of the inordinate size of the districts, that this difficulty can ever be overcome. The motor would be the cheaper solution.

There is no hostility to motorists in Ireland, but most of the roads are unfit for use; the legal limit and the road hog is conspicuous by his absence. If the people are politely treated they are most friendly and obliging to the motorist; while as for the Royal Irish Constabulary, they are the best friends the Irish motorist has.

Scotland.

[FROM OUR SPECIAL CORRESPONDENTS.]

POOR LAW MEDICAL OFFICERS.

THERE is some difference of opinion as to the real value of the game of cross-questions and crooked answers which nightly goes on in the House of Commons, but on the whole the evidence is in favour of the utility of addressing questions to the Parliamentary representatives of the various Government departments. To foil questioners by devising answers which admit as little as possible and promise nothing at all may afford intellectual amusement to permanent officials for a time, but it eventually palls, and departments as a whole dislike the atmosphere of suspicion thrown around them by constant questions, and commonly take steps accordingly. Hence the fact that Mr. Cathcart Wason again failed on May 15th to obtain from the Lord Advocate a satisfactory reply with regard to Poor Law medical work in Scotland, need not be taken to prove that no effect has been produced. The real question at issue is whether things are as they should be, or whether, on the contrary, the conduct of certain parish councils in some rural parts of Scotland towards their medical officers is not acting in a fashion seriously detrimental to the interests of the poor. It is safe to assume that the Lord Advocate is aware of the real nature of the question, but on May 15th, as on April 29th, he implied that no poor person in Scotland had ever failed to receive medical attendance because a Poor Law officer had been dismissed or had resigned in circumstances which made other medical men unwilling to take up the appointments. He indicated likewise that when vacancies occurred the temporary arrangements made to fill the gap were of a satisfactory nature. In the circumstances it might be well for the Lord Advocate to direct a specific inquiry on the point to every parish council in Scotland, and also to consider for himself to what period of time it is really reasonable to attach the adjective "temporary." Meanwhile, he might be asked to furnish a return showing the following: (1) In how many and in what places during the past three years have Poor Law medical officers

in Scotland been dismissed from their office or resigned owing to disagreements with the parish council, and what time in each case has elapsed before the appointments have been permanently refilled? (2) what periods have elapsed between the time that such resignations or dismissals have become effective, and the date at which temporary arrangements have been made for the performance of the duties required? (3) for what length of time in each case has it been necessary to maintain the temporary arrangements? and (4) during the continuance of those temporary arrangements what additional distances have the sick poor had to travel or send in search of medical attendance over and above the distances which would have been necessitated had a permanent medical officer been in office? Until and unless such a return is secured and proves satisfactory, the feeling must persist that, in addition to their other misfortunes, the poor of Scotland are being allowed to suffer for the shortcomings of their nominal guardians, and that the matter is not receiving the attention from the Scottish Office which its importance demands.

DUNDEE AND ITS SANATORIUM.

We have received the following letter:

Sir,—In your issue of May 15th your Special Correspondent has made statements as regards Dundee and its sanatorium, which, I feel sure, will not be endorsed by every member of the medical profession. As is now a matter of history, the Dundee municipality determined to municipalize the sanatorium at Sidlaw in order, as they believed, to put the finishing touch to the stamping out process in the disease consumption. For one reason or other, however, the ratepayers rose up in arms against them, and at length succeeded in getting the municipality to withdraw their scheme. Your correspondent states that Dundee has thus thrown away the honour of being the first city in the kingdom to own a sanatorium for consumption.

I am not going to say a word about honour, but I desire to state that from the point of view of medical and social usefulness, I am one of those who are strongly of opinion that the Dundee people have done just as they ought to have done at the present time. Medically we know that the confident anticipations expressed more than a quarter of a century ago as regards the value of municipal isolation in infectious diseases of all kinds have not been fulfilled, and medically also we know that what infection danger a consumptive presents is dependent on individual conditions and surroundings rather than upon the disease. That is to say, that a consumptive who himself, or through his friends has the will and the power to exercise what is practically only cleanliness, is not a source of danger to the community at all. Sociologically, too, I hold that the municipalization of sanatoriums at the present time would be a mistake, inasmuch as it would tend to misdirect from its proper channels what energy a community can afford for its own improvement. Without disparaging in the slightest degree the value of the sanatorium in producing an arrest in the disease consumption, and so enabling the patient to plan out how he can best live what of life remains to him, all experienced medical men must admit that the term "cure" in the sense that the laity understand it cannot really be applied to the results of sanatorium treatment. As was well put by a Dundee Town Councillor, "Municipalizing a sanatorium was like pumping a leaky ship: it may probably keep the ship a little longer afloat, but by directing what energy the community can afford towards the pumps rather than to the leaks, it will fail to use that energy to the best advantage."

The whole question of this ever-increasing municipal and State interference with the individual in disease is one which, I hold, requires very serious reconsideration. But this is far too wide a subject for discussion in this letter. Inasmuch, however, as silence on the subject of these interferences has been interpreted too much as meaning approval of them on the part of the profession, I beg to intimate to you by this letter that in my opinion there are many in the profession who believe that these interferences are already much too great, and who believe also that in this latest example of municipal interference in Dundee the people there have done wisely in acting as they have.

I am, etc.,
Edinburgh, May 24th.

ALEX. JAMES, M.D.

RUCHILL.

A small book entitled *Ruchill: A Romance: Almost a Tragedy*, has been published by one of the members of the Hospitals Committee. In it is traced the history of the difficulties at Ruchill from the first intimation of trouble on December 4th, 1907, to the recent decision of the Council that the physicians and superintendents of Belvidere and Ruchill Fever Hospitals should change places. The book is largely made up of extracts from the official minutes of the Town Council, Hospitals Committee, etc., and the author, ex-Baillie Willox, is clearly of opinion that the blame for the Ruchill trouble does not lie so much on the shoulders of the medical men as on those of the matron

and of the convener of the Hospitals Committee. The book is, it is understood, having a large sale. The interest in the Ruchill affair is by no means dead, and periodically crops up in the town council proceedings. Thus recently quite a breeze sprung up over the fact that the actual transference of the medical superintendents from Ruchill to Belvidere was not officially communicated to the council though notified in the newspapers as having taken place. The official explanation offered was that the matter must first come before the Hospitals Committee before it could be reported to the town council. Apparently certain members are determined to lose no opportunity of bringing up all doubtful points about the hospital administration, and one member has refused to accept the rulings of the chairman, and has, in consequence, been repeatedly suspended.

England and Wales.

[FROM OUR SPECIAL CORRESPONDENTS.]

LONDON.

THE PROPOSED HOSPITAL IN PUTNEY.

SINCE the Annual Representative Meeting at Sheffield, little has been heard of the Putney hospital question, but it has not been forgotten. The work involved by its existence has been quietly going on, and the matter is now ready for final consideration by medical men resident in the area likely to be affected should a hospital be brought into existence. The proposed site is Lower Putney Common (from which point are respectively distant as the crow flies the West London Hospital $1\frac{1}{2}$ miles, Bolingbroke Hospital $2\frac{1}{2}$ miles, Richmond Hospital $3\frac{1}{2}$ miles), and the affected area consists of the Putney and Southfield wards of the borough of Wandsworth and the whole of Barnes. When the proposal to build a hospital in Putney was first made—nearly three years ago—the South-West London Medical Hospital Committee was promptly formed and so constituted as to be fully representative of medical men resident in the district, whether members of the British Medical Association or otherwise. It laid down certain principles, all of which were subsequently adopted at the Sheffield meeting already mentioned. Four of them were adopted likewise by the committee of laymen formed to bring the hospital into existence. Hence, so far as general principles are concerned, all that now has to be done is to secure the establishment of the fifth axiom. This is that local medical men shall be directly and adequately represented on any committee formed either to evolve a constitution for the proposed hospital or to manage such hospital when established. The more interesting features of the plan suggested for putting the principles in question into practice are as follows: The hospital will have no out-patient department, and have no more than twenty free beds (these being as many as the funds of the hospital can support, and as many as the district is estimated to require). Cases of emergency or accident not deemed suitable for admission will be referred elsewhere for subsequent treatment; a medical certificate of suitability for admission will be an essential condition of admission, and any patient will be at liberty to be treated by his own medical man if he desires. There will be a consulting staff of six specialists, and an ordinary staff of four local medical men. The latter will remain in office for four years, but be re-eligible for a second like period. Between a second and third term there must be an interval of two years. Of the members of the governing body one-third must be local practitioners, elected by their fellows. They will retain office for five years, and be ineligible for further service until the lapse of another five. The medical governors and the local medical staff will together form a medical committee, to which all medical matters and appointments will be referable. A vote will be taken on these and other points at a meeting to be held at the house of the Putney Constitutional Club on June 3rd at 3.45 p.m. All local practitioners, as well as members of the Chelsea, Richmond, and Wandsworth Divisions of the British Medical Association, are invited to be present, and it is to be hoped that every one concerned will endeavour to be

present. No suggestion seems to be forthcoming as yet as to the way in which the first staff shall be chosen, and on this point, as also on the length of tenure of office by the medical staff and the medical governors respectively, free expression of opinion is desirable. As for the former, a period of two years, with an interval of one year before re-election, has elsewhere been found to work well, and may be thought to be more in accordance with the cottage hospital idea underlying the general scheme than a certain four years and a possible eight. The period allotted to medical governors is also important, as it is in their hands apparently that all future appointments to the staff will mainly rest. In any case all medical men resident in the area should make it their duty to attend.

TREATMENT OF RINGWORM.

A report on the treatment of school children suffering from ringworm, presented by the Education Committee at the meeting of the London County Council on May 25th, pointed out that when treatment by the ordinary means of ointment is adopted, prolonged absence from school is necessary, and there is also risk of other children being infected. Treatment by means of x rays, however, is effective as a rule after one exposure. The Committee proposed that the x -ray apparatus at the Whitechapel favus school should be utilized for the treatment of ringworm cases. It would be possible for the school doctor to undertake the work without involving additional cost. Mr. Cyril Jackson, Chairman of the Committee, mentioned that he heard objections to this proposal on the ground that the children's heads were injuriously affected by the action of the x rays. Parents should know that that was not the case. He had seen the children treated at one of the hospitals. They said they felt no pain, but he understood that sometimes straight hair became curly after the application of the rays. The recommendation was approved.

DAYLIGHT SAVING BILL.

The London County Council, unlike many other responsible bodies in the country, declines to take the Daylight Savings Bill seriously. On May 25th it was invited by the Education and Highways Committees to express its approval of the measure on the ground that it would be of advantage to the education service and to the tramways—the latter, it was estimated, would benefit to the extent of £3,000 a year. An amendment was moved that the Council ought not to express an opinion on so contentious a measure. Mr. Waterlow, M.P., and Mr. Barlow appealed to members to discuss the question on its merits, but amid cries of "Waste of time" and "Vote, vote," the question was put and the amendment agreed to by 40 votes to 28.

A BAD DAY FOR THE BARNES COUNCIL.

The principal duties of a medical officer of health are set out in the order of the Local Government Board, dated March 23rd, 1891, but there are also certain statutory duties of an important character. For example, Section 30 of the Housing of the Working Classes Act, 1890, requires the medical officer of health to represent to the local authority of his district any dwelling house which appears to him to be in a state so dangerous or injurious to health as to be unfit for human habitation. Having made such representation further action falls upon the sanitary authority, and it is common knowledge that these bodies are not as a rule at all eager to give effect to the initial proceedings of their official. An instance in point has occurred in the urban district of Barnes. During several years past the medical officer of health (Dr. F. G. Crookshank) has upon various occasions reported upon the insanitary condition of numerous houses in certain areas of the district, but, no action having been taken by the district council, an inquiry into the circumstances was recently held by an engineering inspector on behalf of the Local Government Board. The evidence laid before the inspector disclosed a very serious state of affairs, for the advocate of the council, Mr. Foote, K.C., had to admit that several of the blocks of houses in the area dealt with were unfit to live in and were injurious to health. One of the district councillors stated that the opposition to the recommendations had arisen because the medical officer of health had done his duty towards the inhabitants of the district, and he made a further statement, which does not