

In 1896 I proposed we should follow the example of practitioners in Canada, where each pays an annual tax of 8s. to one or other of their medical councils. For all business purposes our General Medical Council is absolutely destitute of a working income. The three Branch Councils have also no working income. Had they, these three Councils could do good work in England, Ireland, and Scotland. In 1896 the total receipts of the General Medical Council amounted to £8,746. Of this sum £7,250 was for registration fees. Now what practical man can look for a proper administration of the Medical and Dental Acts with this paltry sum?

I would therefore propose that each practitioner be called upon to pay an annual registration fee of £1. What income would this give? In 1897 there were about 34,280 registered practitioners; so that such a system would give the General Medical Council an annual income of £34,280, instead of £7,250. If it were apportioned to each of the Branch Councils it would—taking it that there are 22,135 practitioners resident in England and Wales, 3,369 in Scotland, and 2,598 in Ireland—give these numbers in pounds sterling to each Branch Council—that is, £22,135, £2,598, and £3,369. When I state that in 1896 the incomes of the English, Scottish, and Irish Branch Council were respectively, from fees, £4,078, £2,470, and £673, it will show how we can readily supply ample funds. My proposed plan of practitioners resident in a division paying to their Branch Council would meet the present discontent connected with the system by which the three Branch Councils contribute to the General Medical Council.

Now, Sir, I have frequently heard practitioners complain of having to pay £5 for registration for a lifetime. But we pay nothing when compared with those of other callings. Thus the annual fee paid by a solicitor is £6, house agent £2, auctioneer £10, and banker £50.

I would just add that I believe a Draft Medical Bill should be immediately prepared providing for only two things: first, an annual registration fee; and, secondly, increased direct representation. This draft should be laid before the universities, corporations, our Association Branches, and other medical societies, and be thoroughly discussed. This would require £1,000.

In making the above estimate I do not include practitioners resident outside the United Kingdom. These would pay to the General Medical Council, not to one of the three Branches.—I am, etc.,

Liverpool, Dec. 2nd.

ROBERT R. RENTOUL,

THE INSANITARY CONDITION OF THE LONDON STREETS.

SIR,—During the past fortnight of dry weather the unsavoury condition of the London streets has been worse even than during the height of summer. This is to be accounted for by the fact that although the temperature has been much lower the streets have not been watered, and the deposited organic refuse from horse droppings has only been removed by sweeping. Anyone can see how impossible it is to remove more than the upper layers of dirt by hand or machine sweeping, even from the best of the wood-paved streets. The filth that is not removed soaks into the absorbent wood, and forms a nidus for the growth of putrefactive microbes which infect all recently-deposited droppings, and cause their rapid fermentation. No doubt the absence of air movement and the humidity of the air during the past fortnight have contributed to enhance the result primarily due to the absence of any proper system of periodical flushing and watering. The effluvia from the busier wood-paved streets of the West End have been very much complained of, and the condition of these streets is not at all creditable to the wealthiest and most enlightened metropolis in the world, contrasting in this particular very unfavourably with the well-sluciced streets of Paris and other Continental cities.

The omnibus routes are generally the most offensive, not only because they are the busiest lines of traffic, but because the droppings from the maize-fed omnibus horses are particularly rich in sulphur compounds, which give rise to especially penetrating and disgusting emanations. It is remarkable that in the streets recently laid with tarred wood blocks such effluvia are not at all noticeable, the reason no doubt being that the tar exerts its antiseptic effect, inhibiting the growth of the putrefactive microbes on its surface, and

tending to prevent fermentative changes. In the course of a year or so, however, most of the tar has been washed off or carried off by attrition, and as soon as the pores of the wood are exposed the offensiveness becomes quickly apparent.

The nuisance from this condition of the streets is obvious and unmistakable. The question of injury to health is not so easy to answer. The dust from horse droppings is enormously rich in the organisms known as bacillus coli communis and bacillus enteritidis sporogenes, but although both these organisms are undoubtedly pathogenic to some animals, their effect upon man when inspired into the mouth, throat, and lungs, or swallowed with the saliva has not yet been determined. On general grounds, however, we are entitled to say that all offensive organic effluvia are prejudicial to health. There can be no ozone in the air where such emanations exist; the air has lost its vitalising principle, and there is a possible danger in the inhalation of dust containing bacilli whose normal habitat is the bowels of animals.

It is quite certain that wood-paved streets should not be left unflushed and unwatered for weeks at a time simply because the summer is over and the temperature of the air is comparatively low. No amount of brushing and sweeping will properly cleanse a wood surface. In the case of worn wood pavements, even thorough flushing does not properly cleanse the surface; but badly worn wood should not be tolerated, it is absolutely unfit for its purpose. The proper method of cleansing is undoubtedly to have the streets swilled from the hose every morning, or at any rate three or four times a week, as is done in Paris and by some few of our more progressive authorities in London. Where the hose cannot be adopted the wood-paved streets should be watered early in the morning, before the traffic has commenced, from watering carts containing a weak antiseptic and deodorant solution, which will inhibit the growth of the putrefactive microbes on the wood surface. Probably the best for this purpose would be a weak chlorine solution, say 1 part of available chlorine in from 10,000 to 20,000 parts of water. The advantage of chlorine is that whilst without any perceptible odour in this dilution, it is antiseptic and deodorant, and, being volatile, leaves no residue on the road. It does not coagulate albumen, and consequently does not cake together the horsedung on the surface. As soon as the street has been well watered it should be swept clear, and the slop quickly removed. If our vestry surveyors would only adopt such a system on our busy wood thoroughfares, we should hear less complaint of the abominable offensiveness of our streets.—I am, etc.,

LOUIS C. PARKES, M.D., D.P.H. Lond.,
Cadogan Square, W., Nov. 27th.

M.O.H., Chelsea.

MOSQUITOS AND MALARIA.

SIR,—I have read with much interest the account of the localisation of malarious foci by a member of the Sierra Leone expedition. One cannot help thinking, however, that the extermination of the *Anopheles* genus of mosquito from many malarious places in the plains of India is not so simple a matter as many would have us believe.

In Quilon and other parts of Travancore where I have searched for *Anopheles* larvæ, I find their distribution to be far more widespread than, from the article referred to, would appear to be the case in Freetown.

On first coming to Quilon, where malaria is prevalent, I searched for *Anopheles* larvæ in small stagnant pools and rain-water puddles of the kind that were suggested by Major Ross as being their most frequent breeding places, but failed to find them. On looking, however, in the large collections of water which, at that time, covered the rice fields round my bungalow, I was surprised to find *Anopheles* larvæ in great numbers. Searching all such large collections of water on rice fields and the large pools which are numerous in this country, I found that in this part of Travancore the distribution of these larvæ is commonly as follows:

1. They are commonly found in the water of rice fields.
2. They are very frequently found in the pools of water which lie between the rows of earth on fields where native vegetables are planted in rows.
3. They are not uncommon in the large permanent surface pools from which many natives get their water for drinking and other purposes.