

CORRESPONDENCE.

THE PROPOSED UNION OF MEDICAL SOCIETIES OF LONDON.

SIR,—As there appears to be some misunderstanding with regard to the present position of the above movement I should be glad if you would kindly permit me to draw the attention of the societies concerned to the following facts. After a thorough investigation the amalgamation of the societies was considered feasible, and a committee (called the organizing committee) was appointed by representatives of the various societies to draw up a definite scheme of union on lines likely to be approved by the majority of the societies. The report of this committee was adopted by the representatives of societies on July 17th, 1906, and was distributed. Each society was asked to inform the Honorary Secretaries (Dr. Arthur Latham and Mr. H. S. Pendlebury), on or before December 7th, whether it approved the scheme as drawn up or not. In the event of a society approving the scheme—that is, deciding to join the union—it was requested to nominate a representative to serve on the first council of the new society.

As soon as the decision of the societies concerned is known a meeting of this Council will be called, and the necessary business of initiating the new society will be carried out with every dispatch.

It is hardly necessary to point out that the refusal of one or more societies to join does not in the least affect the movement.—I am, etc.,

London, W., Nov. 19th.

W. S. CHURCH.

A VOLUNTEER MEDICAL SERVICE.

SIR,—The volunteer promotions in this week's BRITISH MEDICAL JOURNAL clearly demonstrate how urgently a proper Volunteer Medical Service is required, for we have:

1. A Brigade-Surgeon-Lieutenant-Colonel promoted from a Surgeon-Captain to a Surgeon-Major.
2. A Surgeon-Captain appointed a Brigade-Surgeon-Lieutenant-Colonel.
3. A Captain of a R.A.M.C. Volunteer Company appointed a Brigade-Surgeon-Lieutenant-Colonel.

Now a Volunteer Medical Service as recommended by the Army and Navy Committee of the British Medical Association would prevent these incongruities, for:

1. We should have the medical officers designated by their rank and there would be no compound titles.
2. There would be one common uniform.
3. It would permit in those cases in which there are no Lieutenant-Colonels willing to accept, or eligible for promotion for officers of that rank to be selected outside the units forming the brigade and so throw promotion open to medical officers of all branches.

Again, under regulations Brigade-Surgeon-Lieutenant-Colonel is a substantive rank; how then can a Brigade-Surgeon-Lieutenant-Colonel be a Major or Captain as this *Gazette* states?

The rank of Brigade-Surgeon-Lieutenant-Colonel was fully considered in correspondence which passed between the War Office and representatives of the Volunteer Medical Association, and Senior Medical Officers, and it was decided to retain that somewhat cumbrous title with its substantive rank.—I am, etc.,

Bletchley, Bucks, Nov. 18th.

P. B. GILES.

THE TAXATION OF MOTOR CARS.

SIR,—Letters that appear in your columns from time to time on the above subject show that physicians in England who use motor cars realize the necessity of protesting against the taxation of these carriages at the same rate as the "pleasure vehicles of the rich." It is even claimed that medical men should be altogether exempt from such taxation, and various suggestions have been made to remedy the matter—by writing to Members of Parliament, appealing to the public, etc.

It may, perhaps, strengthen the hands of those seeking this very just reform to know that in France it has been recognized that the physician's car is used for professional purposes, and the authorities consequently subject it to only *half the tax* usually levied.

When a physician registers his car he is asked if he uses it in his practice, and a reply in the affirmative suffices to obtain the 50 per cent. reduction. This, after all, is only fair.

The scale of taxation, also, seems more reasonable. An automobile is charged 5 francs per horse power plus—50 francs if for one or two persons—90 francs if for more than two persons. This is the Paris scale, but it diminishes considerably in smaller towns. Thus, in a town of from 20,000 to 40,000 inhabitants, a car for two people pays 30 francs per annum—one with more than two places pays 60 francs per annum, plus, of course, the 5 francs per horse power.—I am, etc.,

Paris, Nov. 18th.

A. A. WARDEN.

SIR,—At the recent conference of motorists I was able to carry a recommendation that the motors of medical men should receive preferential treatment.

The letter on the subject of taxation of medical motors, I am glad to say, received exceedingly sympathetic treatment at the hands of the general press, and I hope that when any scheme of taxation of motors is brought before the House of Commons our profession will receive special treatment.—I am, etc.,

H. E. BRUCE-PORTER,
Honorary Secretary of Committee of Medical Men
who are Users of Motor Cars.
London, W., Nov. 18th.

THE TEACHING OF HYGIENE AND TEMPERANCE IN ELEMENTARY SCHOOLS.

SIR,—In your editorial notice of the reception by the President of the Board of Education of the deputation which waited upon him at the office of the Board on November 12th, you state (page 1412) that the deputation represented "the Committee (of the medical profession), and the British Medical Association, and the Advisory Board for the teaching of hygiene and temperance."

As one of those who on that occasion represented the International Association for the Prevention of Tuberculosis, I should feel obliged to you, Sir, if you would kindly publish in the BRITISH MEDICAL JOURNAL the enclosed copy of a letter sent by my colleagues and myself to Mr. Birrell on November 9th. In that letter is stated what we asked the Board of Education to do, and, as you will observe, our objects were not identical with those of the other members of the deputation.

We had expected to meet Mr. Birrell without reporters being present; but at his suggestion we joined the other deputations.—I am, etc.,

London, W., Nov. 19th.

G. A. HERON.

To the Right Honourable AUGUSTINE BIRRELL, M.P., K.C.,
President of the Board of Education.

Sir,—We, the undersigned, desire to press upon the attention of the Board of Education the following considerations:

It is, in our opinion, of great importance to the public interest that those who intend to devote themselves to the teaching of the young in our public elementary schools should be required by the State to give due attention to the study of elementary hygiene.

Were this done, a knowledge of the laws of health would in course of time become part of the professional equipment of all school teachers, with the result that they would know, better than they now do, how to safeguard the children entrusted to them from the grave dangers to preventable disease.

Moreover, school teachers who had thus themselves acquired a sound knowledge of elementary hygiene, would be able, given suitable opportunities, to impart some of this knowledge to their older scholars. In particular, the scholars would learn the fact that many disorders, with whose names and dangers their home life has made them familiar, are in their nature preventable, and by simple means can be prevented.

Children so trained would, on reaching maturer years, be more intelligently alive to questions concerning the preservation of health than is now the case with the majority of our people.

We believe it is within the power of the Board of Education to further these ends by suitable changes in the regulations for the training of elementary teachers, such as the following:

1. That elementary hygiene should be made a compulsory subject of study in training colleges.
2. That before receiving a certificate of proficiency every teacher should be required to show a sufficient knowledge of the laws of health, and in particular of those relating to the prevention of infectious disorders.
3. That whenever possible the instruction in elementary

hygiene given in training colleges should be entrusted to specially-qualified medical practitioners.

We are, Sir,

Your obedient servants,
T. CLIFFORD ALLBUTT, M.D., F.R.S.,
 Regius Professor of Medicine, University of Cambridge.
G. L. BRUCE,
 Late School Board for London and London Committee of Education.
G. A. HERON, M.D., F.R.C.P.,
 Representing the International Association for the Prevention of Tuberculosis.
DONALD MACALISTER, M.D., F.R.C.P.,
 President of the General Medical Council.
WILLIAM OSLER, M.D., F.R.S.,
 Professor of Medicine, University of Oxford.
JOHN TWEEDY, F.R.C.S.,
 Late President of the Royal College of Surgeons of England.

BACTERIOSCOPIC ANALYSIS OF EXCREMENTAL POLLUTION.

SIR,—In the *BRITISH MEDICAL JOURNAL* of October 27th, p. 1090, Dr. Klein has a "Note concerning the Bacterioscopic Analysis of Excremental Pollution," in which he states that:

Unfortunately the MacConkey medium makes no selection between typical and atypical *B. coli*, nor does it exclude a number of other microbes capable of producing acid and fermenting glucose. Amongst these notably some liquefying microbes present in shellfish and also in other materials. It is well known that one of the principal differential characters of *B. coli communis* is its power to ferment lactose, a character not possessed by many species of coli-like microbes, which are nevertheless possessed of the power of fermenting glucose. This character of lactose fermentation could, therefore, be used at once in the preliminary tests for *B. coli communis* if we substitute glucose for the lactose in the ordinary MacConkey medium; by this a distinct simplifying of the analysis could be achieved.

I presume there is here a typographical error, and that Dr. Klein meant to say "substitute lactose for the glucose." These remarks suggest that bile salt lactose broth had not been thought of before in this connexion. I have, however, already called attention to this very point in a letter published in *Public Health*, May, 1904, p. 491, in which I said: "... there appears to have been a great deal of misapprehension with regard to bile salt broth. The first kind of broth used was one containing not glucose but lactose, and obviously this is to be preferred if search is being made for typical *B. coli* only. The change to glucose was made simply so as to include other organisms, for example, *B. enteritidis* (Gaertner)."

By using lactose it is possible to overlook many organisms of importance, as not only do they give no sign of their presence, but they may be inhibited by the acid produced by the lactose fermenters. The safest plan is, I think, to inoculate bile salt glucose broth with the material to be examined, and, after eighteen to twenty-four hours' incubation, to make from the glucose broth surface-plate cultivations on bile salt neutral red lactose agar. Next morning subcultures may be made from the colonies on the plates into ordinary nutrient broth. In six hours the growth in the broth will usually be far enough advanced for observations to be made with regard to morphology, motility, and staining reactions and for inoculating any other media it may be desired to use. I have found nutrient broth, nutrient gelatine, litmus milk, and bile-salt broths containing lactose, cane sugar, dulcitol, adonit, sorbit, and inulin to be the most valuable.

As regards streptococci, to which Dr. Klein also refers, some grow very well in ordinary bile salt broth, but the growth is slow. Recently I was asked to examine a piece of membrane from a case of suspected diphtheria, and being curious to know if there were present any organism which would grow in bile salt broth (the Klebs-Loeffler bacillus will not) I put a portion of the membrane into a tube of bile salt lactose broth. After several days incubation at 37° C., there was good growth, which a microscopical examination showed to be due to streptococci only. Some cocci grow well when freshly isolated but soon die when subcultured.

The addition of "*Fleischwasser*" or of "beef extract" has always seemed to me to decrease the selective action of bile salt media, and it is upon this selective action that the value chiefly depends. As an example of this action, I may mention that the bacilli of plague and of pseudo-tuberculosis rodentium grow well, while the bacilli of fowl

cholera and its allies show very little, if any, multiplication in bile salt media.

These media seem also to have somewhat of a selective action with regard to the different strains of the same bacillus. Thus, in the course of a series of experiments carried on with another object, I have derived the impression that in the case of *B. typhosus* a virulent bacillus will grow better in bile salt media than an avirulent one. If this impression turns out to be correct, the value of these media will be increased, and the idea will naturally suggest itself that possibly the virulence of an organism might be raised by a series of subcultures in bile salt media.

ALFRED MACCONKEY.

Lister Institute of Preventive Medicine,
 Queensberry Lodge, Elstree, Herts, Nov. 13th.

THE REPORT OF THE COMMISSION ON POOR-LAW REFORM (IRELAND).

SIR,—Dr. Rhodes's letter in your issue of November 10th furnishes clear evidence that he is not in a position to form a correct opinion on some of the findings and recommendations of the Commissioners. The enormous difference that maintains between the conditions that affect the English and Irish Poor-law systems absolutely precludes any person from forming a correct judgement who views the matter from an English standpoint. His reference to paupers shows that he is ignorant of the fact that we do not recognize paupers as such, but that our Poor Laws provide for the medical treatment of all poor persons who are not in a position to provide the same for themselves or families. We make no invidious distinction, and, if such a distinction were originally contemplated when our workhouse system was established, it was entirely upset by the passing of the Medical Charities Acts, and by the unrestricted admissions into our workhouse hospitals.

The Commissioners deserve the thanks of every public body in Ireland, not only for the manner in which they have exposed the rottenness of the foundations upon which the Poor-law system was established, in complete opposition to the recommendations of the Irish Royal Commission, which, after three years' inquiry reported in 1836, but still more so for their bold and statesmanlike suggestions to do away with, once and for all, the hybrid institutions which have been evolved from the original Unions. The separation of the hospital from the workhouse proper, and the installation of district hospitals properly equipped and officered, would in itself command the very highest praise; and when we contemplate the segregation of epileptics, the establishment of auxiliary asylums for the harmless lunatics who are at present hopelessly huddled together in cheerless outbuildings without intelligent attendants, and the erection of consumptive sanatoriums under county management, we are simply carried away by the magnificence of the suggested reforms.

The establishment of a State service for all Poor-law and county medical officers may, perhaps, be viewed askance by many Boards of Guardians, but I have no doubt the more it is thought over the more it will be appreciated and the fewer difficulties will be raised to bar its progress. If such a service were to be confined to the hospital surgeons, insuperable objections would be raised, but the Commissioners themselves suggest the inclusion of the dispensary medical service as tending to facilitate the scheme. In the 120th paragraph they say: "But the foregoing suggestions as regards hospitals could more easily be worked into some general scheme for the entire Irish County and Union Medical Service. The establishment of a State medical service in Ireland would mean a very small increase in the Parliamentary grant in comparison with the benefits involved—that is, "a State-supported medical service, both for county and district hospitals, and for dispensaries also." A State service on these lines has been adopted with practical unanimity by one of the largest meetings of the Irish Medical Association ever held (there were only eleven dissentients), and when we reflect that the intention of such a procedure is to supply the poor in every country district in Ireland with the best medical skill that can be obtained without any expense to the ratepayer—which skill would be available to all, for in the large majority of dispensary districts there would only be the State medical officer—we cannot see that the offer will not be gladly accepted. As to the details of the