

district. I promptly sent in my application for the post to head quarters. It was duly acknowledged. Some time after an official called and informed me that there were other applications, but that I was "first in the field," and was very near the sorting office, and that, should I still be desirous of doing the work, I might consider myself duly appointed.

My natural modesty forbids my giving what I personally consider better reasons, but of this I am sure, politics had nothing to do with the matter.

I would like to add that in the Postal Medical Service one meets with the utmost courtesy, both from head quarters and from those entrusted to one's care.—I am, etc.,

J. P. O'HEA, F.R.C.S.,
Medical Officer, Post Office, Catford.

September 20th.

COLOUR BLIND ENGINE-DRIVERS IN FRANCE.

SIR,—With reference to your article on colour-blind engine-drivers in France, may I state that in 1905 I pointed out in the *Indian Medical Gazette* that there was a distinct variety of colour-blindness under the title of "Defective Distant Colour Vision." While examining the eyesight of men for the East Indian Railway I came across cases which could pass the wool tests with ease, and lamps for night vision when near, but completely failed to distinguish colours at a distance when quite easily seen by normal eyes.

This article seems to have quoted from M. Clerc exactly the same thing, and perhaps after some others have noticed and reported cases of "defective distant colour vision," the necessity for all railwaymen, seamen, and others employed in duties necessitating good distant colour vision, being tested for this type of defect will be recognized.—I am, etc.,

H. G. WATERS,
Medical Officer, East Indian Railway, India.

Buxted, Sept. 18th.

RADIOGRAPHERS AND TREATMENT.

SIR,—The remarks of "Vacuum" on the subject of the safety now attending the use of *x* rays should be more widely known. The President of the Roentgen Society summed up the present situation by saying: "He is a fool who burns himself, and a knave who burns his patient." *X* rays can now be so safely measured that there is no longer any danger from them in experienced hands.

By the use of Sabouraud's pastilles it is possible to measure the dose of *x* rays sufficiently accurately for practical purposes. By their use it is also possible to show that so little *x* rays escapes from the back of the tube, that if the operator keeps behind the tube he gets rays of so little power that they can do him no harm. *X* ray tubes are nowadays covered in so that only a cone of rays is allowed to escape, and the operator can easily avoid this cone. The *x* rays which penetrate through the protecting devices are not of any power and can do no harm. But of more value than protecting devices is the fact that the power of *x* rays diminishes inversely as the square of the distance.

While giving a therapeutic dose in half an hour to a patient placed at 17 cm. ($6\frac{3}{4}$ in.) from the source of the rays, suppose the operator sits in the path of the rays at a reasonable distance, say three yards, from the tube. One can calculate from the square of the distance the dose which the operator will receive. He would have to sit for 6 days and $22\frac{1}{2}$ hours at a distance of three yards before he got a dose equal to that received by the patient in half an hour at $6\frac{3}{4}$ in. (17 cm.).

To put it another way, under the same conditions, while the patient received his therapeutic dose in half an hour, the operator would receive $\frac{1}{333}$ part of the dose the patient received.

It is thus evident how safely one can expose oneself to the rays, provided one keeps at a reasonable distance. There should be no risk to any *x*-ray operator who understands these principles.—I am, etc.,

London, W., Sept. 19th.

A. HOWARD PIRIE.

THE POOR LAW REPORT AND THE SANITARY SERVICE.

SIR,—Every member of the Public Health Service must have experienced a considerable amount of relief when they read your assurance, given in the issue of August 28th, in reply to the letter of Dr. H. Beckett-Overy on the above subject, to the effect that you trusted that you may number yourself among those wise men who have not yet made up their minds as to the effect of either the Majority or the Minority Report. Otherwise there would have been an obvious danger of your leading article in the issue of August 21st being regarded as a most determined attack on the Minority Report. All public health officials must have felt great regret to think that a paper of the importance of the *BRITISH MEDICAL JOURNAL* should have thought fit to use the word "calamitous" in describing the results of a scheme that must commend itself to all medical officers of health of experience. It is true that in the article referred to you also mention the dangers of unlimited contract practice and provident dispensaries as inevitable parts of Dr. Downes's scheme, but the remainder of the article is apparently devoted to presenting as favourable as possible a view of the Majority Report, and an unfavourable one of the Minority Report.

The first statement made is, that the sanitary service will become far less attractive if the Minority suggestions are carried out, and it is inferred that it would continue to remain as attractive as it is at present under the Majority scheme. The facts are that Dr. Downes's scheme, if carried out, would take from the medical officer of health all his isolation hospital work, his sanatorium work, his rapidly developing work in connexion with the crusade against tubercle, his school medical work, and his work in connexion with the problems of infantile mortality. It would, as you say, leave him "strictly sanitary duties." One has only to read the reports of the medical officers of health of the present day to realize how much would be left when all the above spheres of activity had been removed. In such a scheme the medical officer of health would be degraded to the level of a kind of superior sanitary inspector.

The next point that is dealt with is a comparison between the machinery for working the two schemes. A little experience in public affairs, and in official work, would convince any one that the Minority scheme is workable with very few modifications, while that of the Majority would lead to endless confusion, and would, as I have shown above, most injuriously affect the position of the medical officer of health. The medical officer of health in all important counties and boroughs is at present accustomed to deal with several separate committees, so that the prospect of dealing with four committees under the Minority scheme is not at all terrifying. Experience in public work convinces most people of the advantage of having separate committees dealing with separate matters, and it is certainly no argument to say that because there would be four committees there would be overlapping. Carefully studied, the Minority scheme appeals to one very forcibly, on account of the fact that it would tend to remove the enormous amount of overlapping and omissions that exists under the present system.

Next comes the bogey of the "registrar." Although you say that "this is no fanciful picture," I should imagine that most people who read the report in question will find it difficult to stretch their imaginations so far as to follow you.

The registrar would be an ordinary official serving the General Purposes Committee of the council; he would have no autocratic powers at all, and he would in every case have to obey the orders of his committee and council. He would have no veto on medical treatment, and no power whatever to criticize it.

It would be interesting to know on what grounds you base your statement that the registrar is to be invested with power absolutely to veto the decisions of the medical officer of health when he decides that home treatment and home aliment are necessary. Moreover, there would certainly be no question of health committees having their "carefully considered resolutions overridden by a single paid official." Even if this were possible, it is not the position of the medical officer of health that would be unenviable, but the position of the registrar, because the General Purposes Committee would undoubtedly contain