

2. *The Conditions of the Problem in Edinburgh.*

The total number of children on the rolls of the board's schools is approximately 41,000, and in the voluntary schools 5,500; total, 46,500. The board is responsible for dealing with the problem of necessity in both cases. From the experience of the winter of 1909-10 it was found that the number of children regarded as necessitous was about 2,400. In addition there were throughout the year approximately 370 children of parents receiving outdoor relief fed at the expense of the parish council.

3. *The Proposed Organization.*

The board proposes to constitute care committees consisting of voluntary workers. For the city, as a whole, there will be a central care committee; for each school or group of schools there will be a local care committee consisting of about ten members. The latter will in poverty-stricken districts be attached to one school; in other districts to a group of schools. The primary function of the local committee is to investigate thoroughly all cases of destitution in the schools under their charge, to keep in touch with these cases continuously so as to be aware of any change of circumstances, and to make recommendations to the central care committee. The central care committee is to be composed of the members of the board, of representatives of such societies and voluntary agencies as are willing to co-operate with the board in this work, and of other influential and representative elements of the community.

4. *The Feeding Centre.*

The board has the power to provide accommodation, apparatus, equipment, and service for the preparation and supply of meals to pupils attending schools within the district. Briefly, the advantages of a well-organized cooking centre may be stated as follows:

1. The children receive some training in decorum or good manners.
2. Scientific knowledge of food values can be made use of in drawing up the bills of fare.
3. The meals are properly cooked, and the materials used are of good quality.

5. *District Social Work.*

The local care committees which carry out the work of feeding properly will find themselves in a very strong position for social work in their districts. The knowledge of the home circumstances of destitute families, and the personal and sympathetic contact with parents and children, may in the hands of the tactful and zealous worker lead to many results in social amelioration, of which efficient feeding and clothing of school children is but a small part.

VERMINOUS CHILDREN.

At a recent meeting of the Edinburgh School Board, several parents were specially summoned under Clause VI of the Education (Scotland) Act, 1908, dealing with verminous children, and empowering the Board, after due warning, to report to the Procurator-Fiscal, with a view to prosecution before the Sheriff. As this was the first instance of the kind coming before them under this Act, the board decided to give the parents another chance, but warned them that any further complaints against them would be summarily dealt with before the Sheriff.

HOUSING CONDITIONS OF LANARKSHIRE MINERS.

Mr. John T. Wilson, Medical Officer of Health for Lanarkshire, has issued an exhaustive report of 242 pages on the housing conditions of the Lanarkshire miners, for the Local Government Board, county council, and district committees. There are reckoned to be about 55,500 persons employed in mining operations in the county, of which 500 are females. The total number of houses occupied by miners is given as 20,930, which, compared with the total occupied houses of all classes, gives a percentage proportion of 36.25.

In the middle ward of Lanarkshire the proportion of houses occupied by miners is one-half of the total; in the upper ward one-fourth; and in the lower ward one-sixth. These figures show the important place the mining industry occupies in the county. While many companies have built houses for their workmen, and many houses have been built and are owned by miners themselves, the majority are accommodated in houses rented from speculative builders, the number of rented houses being 12,099.

Dr. Wilson discusses the interesting problem of the single-apartment house. Ten per cent. of the houses erected in the county under the building by-laws are of this class, which in the second report of the Royal Commission on Mines is condemned. For men and families living in such circumstances the Commission considers that facilities for cleanliness are non-existent, and it is scarcely possible for miners to wash themselves completely without a breach of the common decencies of life. Dr. Wilson considers this conclusion might well be questioned, and asks consideration of the whole social conditions of the miner's life. Assuming that single-apartment houses are used only by young married couples, or by elderly couples without families, Dr. Wilson cannot see that any objections can be urged so long as the houses have suitable domestic and sanitary conveniences. On the whole, it is concluded that the miners are fairly comfortable, and matters continue to improve. An interesting comparison is drawn with the Ruhr mining district in Germany, where 300,000 miners are employed. In this district Dr. Wilson was impressed with the ground building plan, the air space round the buildings, the provision of public park, gardens, bandstand, and fountain, yet the rentals were comparatively small. He could not but admire the method under which such schemes were carefully thought out and carried through.

Ireland.

[FROM OUR SPECIAL CORRESPONDENTS.]

FUNDS OF THE ROYAL COLLEGE OF SURGEONS.

In the Chancery Court recently judgement was given by the Master of the Rolls in the case of the Royal College of Surgeons *v.* Stoker and others. The question at issue depended on the construction of the deed of amalgamation between the Carmichael and Ledwich Medical Schools and the School of the College of Surgeons, and concerned the disposal of a sum of about £1,900 which had accumulated in the general fund. The Master of the Rolls held that under the agreement the proprietors of the Ledwich school were not entitled to further payment, but the decision was to be without prejudice to any steps that might be taken for rectifying the agreement. Professor White was held to have a definite claim on the fund, and Professor Scott and the widow of the late Professor Frazer were held to have claims under certain specified conditions.

DUBLIN UNIVERSITY BIOLOGICAL ASSOCIATION.

The opening meeting of this association was held in the debating hall of the Graduates' Memorial Buildings, Trinity College, Dublin, on Saturday evening, November 19th, when the President-elect, Mr. W. I. Wheeler delivered his inaugural address on the treatment of fractures by ancient and modern methods. Mr. Wheeler laid stress on the comparatively little progress that had been made in the treatment of fracture from the time of the ancient Egyptians until a few years ago, and later dealt in detail with the modern methods associated with the names of Lucas-Championnière and Arbuthnot Lane. The address was illustrated by lantern slides. The succeeding speakers included Mr. Arbuthnot Lane, Mr. Fullerton (Belfast), Professor James Little, and Mr. W. S. Houghton. After the meeting, the members of the association were entertained at a most enjoyable smoking concert by Mr. William Taylor.

DUBLIN GUARDIANS AND PASTEURIZED MILK.

In the issue of the JOURNAL for October 22nd, p. 1282, reference was made to a motion which had been handed in by one of the guardians of the South Dublin Union with reference to the abolition of the use of pasteurized milk and the substitution therefor of fresh milk. Since then the guardians have met, and have determined upon the discontinuance of the pasteurized milk without waiting for the report on the deaths of children in the union which they had asked Dr. Dunne to furnish. This precipitate action is the more to be regretted as it appears from a letter addressed to the guardians by Dr. Dunne at their last meeting that previous recommendations of his, which would have ensured the provision of a pure milk supply, have been ignored. Dr. Dunne rightly insists on the responsibility which the members of the board incur in interfering with the medical treatment of the infants admitted to the union. The precedent is undoubtedly a dangerous one; and even admitting that opinions on the value of pasteurized milk are widely variant, we think that the guardians should have taken the trouble to investigate the matter thoroughly and to obtain expert opinion, instead of rushing to an unconsidered conclusion.

BELFAST MEDICAL STUDENTS' ASSOCIATION.

The inaugural meeting of the session was held on November 15th in the McMordie Hall of the Students' Union. The President, Dr. W. W. D. Thompson, B.C., occupied the chair, and gave an interesting address on The Country Doctor. He dealt with many of those unconscious heroes whose memory has come down to us, and serves as a spur to our higher nature. Dealing with the question of remuneration, he strongly urged newly qualified men to think of the services or colonies in preference to a country appointment in Ireland, where the salary of a dispensary doctor was that of a mechanic, and where private practice was limited and difficult.

Professor Lindsay followed with a paper on the Present-day Prospects for the Medical Student. After a clear and humorous description of many of the early troubles of the newly qualified medical man, he referred to the overcrowding that had been experienced in France, Germany, Italy, and America, and said that it did not exist in Belfast, where there were 1,000 citizens to every practitioner. This statement has not been accepted with anything like a chorus of approval, as there is an immense class of people in Belfast on the border line of poverty, such as labourers, mill-girls, and out-of-work mechanics, whose days of fee-paying capacity have been brought to an early termination by former alcoholism and extravagance. It is the unanimous experience of the general practitioner that money is harder to make and bills more slowly paid than was the case five years ago. The hospitals treat many cases quite able to pay a fair fee, and bring back day after day many minor accidents that should be sent after the first visit to their ordinary medical attendant. Overcrowding to a very serious extent is alleged to exist; and undoubtedly the number of practitioners has increased far beyond the proportion of the increase of population. At the debates of the last couple of years at the Ulster Medical Society general practitioners brought forward several resolutions designed to limit hospital abuse and to regulate the attendance of consultants and specialists. Of the graduates twice yearly sent out from the Belfast University, a very large majority luckily recognize the excess of supply over demand in Belfast, and seek the services, the colonies, or assistantships in England.

ULSTER MEDICAL SOCIETY.

The annual dinner of the Ulster Medical Society was held in the Medical Institute, Belfast, on the evening of November 17th. The Senior Vice-President, Dr. J. S. Morrow, occupied the chair, owing to the unavoidable absence of the President, Sir Peter O'Connell, from illness. About sixty Fellows and guests sat down. After dinner the Chairman gave the toast of "The King," which was loyally honoured. He next gave the

'Lord Lieutenant and Prosperity to Ireland,' which was responded to by the Lord Mayor of Belfast (Mr. R. J. McMordie, M.A.) in a clear and felicitous speech, telling of many of the efforts of both Lord and Lady Aberdeen, which had endeared them to all hearts in Ireland. Sir John Byers then gave "Our Guests," saying he had wished all the guests would reply, as they were delighted to welcome them individually and would be delighted to hear them. Many were associated with the profession in close and friendly ties. The toast was responded to by the Recorder of Belfast (His Honour Judge McIlroy), the Vice-Chancellor of the Queen's University, (Rev. Dr. Hamilton), and the President of the Ulster Branch of the British Medical Association (Dr. W. Calwell). Professor Sinclair proposed "Our Chairman," which was received with applause, and acknowledged by Dr. Morrow, who said that they must not part before acknowledging the many services of their Honorary Secretary, Mr. Howard Stevenson, to whose labours the success of the dinner was due. Much regret was expressed by many speakers as to the absence of Sir Peter O'Connell, and all hoped for his speedy recovery.

Some excellent singing greatly contributed to the enjoyment of the evening.

Correspondence.

NATIONAL MEDICAL SERVICE.

SIR,—I hope that you can afford me space to develop further the issues involved in the questions of sickness and invalidity insurance. Is it too much to presume that most of us now recognize that the Chancellor of the Exchequer is likely to provide for his share of the sickness cost by paying each year what is actuarially deemed an adequate premium? If not, we must consider the issues to the profession from the various possible ways in which the fund so created can be managed.

It has been suggested that a central reserve fund could be created at the Treasury. If the profession can look forward with equanimity to a large fund for the payment of medical services being held over its head by the Treasury, I fail to see what we are all so anxious about now. If the Treasury, with accumulated resources of this kind, can be relied upon to receive favourably the views of the medical profession as to their distribution, we can surely with like equanimity rely on the abstract justice of our interests being recognized now, and all the work of our central organization is so much futile log-rolling.

The second possibility is that the funds might be taken in premium by some great insurance organization. As yet the philanthropy of the insurance societies has not led them to accept premiums on any scale that does not afford both sufficient cover for the risk and working expenses, and also a margin of profit. Thus assuming that the working expenses would be equal under all schemes, this one is marked by requiring a special deduction from the fund in the name of profit. In addition, the experience of the profession with regard to the remuneration of professional services rendered to insurance societies does not seem of a kind to encourage extravagant hopes for medical remuneration at rates fixed by bargaining with insurance organizations.

The third possibility is that the premiums might be handed to the friendly societies, who would accept the responsibility of providing the medical service, the Treasury grant and employers' contribution being relied upon to attract into the societies the ten millions of the future scheme who are not already there. Surely there is no need to elaborate argument under this head, or to show that even if the societies decided to grant choice of doctor and payment for work done, as they might do, the contract would in future take place in fixing the scale of payment per visit, and might have results compared with which the club practice of the past might appear a traditional golden age.

The last possibility is that the responsibility should be assumed by a professional organization, and only those who believe that a professional organization would be less likely to secure an adequate premium, and less ready than