Maternal and Infant Mortality

Sir,—It is a great pity that Dr. Hirschmann (September 26th, p. 650) employs his eloquent pen in abuse of the maternity and child welfare centres. He can be assured that digital or instrumental vaginal examination is not carried out as a routine part of every ante-natal examination. There are definite indications for such investigation, chiefly in cases of disproportion (Munro-Kerr's manœuvre) and to determine the cause and nature of a vaginal discharge. No experienced doctor in an ante-natal clinic wastes his time or inconveniences his patient by attempting to ascertain degrees of pelvic contraction by vaginal examination without anaesthesia. On the other hand, in spite of Dr. Hirschmann's sweeping indictment of the "gentle" vaginal examination, no conscientious clinic doctor will omit to carry out such investigation when the indications are present.

From my own experience, over a period of seven years, as resident in a hospital dealing with 600 births annually, I can truly state that the cases coming into hospital after ante-natal care at the clinics gave little or no trouble. Those with disproportion, toxaemias, or general diseases likely to complicate labour were diagnosed in good time at the clinics, and I had a fair chance to deal with them on classical lines. It was quite another story with the cases sent in by local general practitioners. "Failed forceps" with a mutilated foetus and bruised and lacerated maternal parts were all too common, and cases of advanced pregnancy toxaemias, frankly neglected by the general practitioner, when the signs and symptoms of impending disaster were present for all to read. Surely the boot is on the other foot, and the clinic doctor must feel more responsibility towards his patient than the general practitioner who "has a go" first and then turns his poor victim over to a hospital.

In regard to Dr. Hirschmann's second statement—that the infant welfare centres are a contributory cause of infant mortality—I cannot deny that many of the old church halls and buildings in which these clinics are held are utterly unsuited to the purpose. But local authorities are well aware of these difficulties, and well-built, properly warmed buildings are being erected all over the country. I hold child welfare clinics almost every day, and can assure Dr. Hirschmann that I have never had a child "completely undressed" in my consulting room. From my experience I would say the method of procedure at these clinics approximates to that employed in many of the children's departments of the voluntary hospitals, and nobody has yet accused these institutions of contributing towards the maintenance of a high infant mortality.—I am, etc.,

J. Stanley Coleman, M.B., B.S.

Children's Homes, Aldersbrook,
Wanstead, E.11, Sept. 28th.

Sanatorium Treatment in England

Sir,—In the *Journal* of September 12th (p. 557) there appeared a short article under the heading "Dr. Noel Bardswell," referring to his coming retirement. This article states: "At the time of his appointment in 1905 by the Metropolitan Asylums Board as medical superintendent of King Edward VII Sanatorium, Midhurst, sanatorium treatment was, practically speaking, not to be obtained in England, and tuberculosis patients were generally sent to sanatoria in Germany, Switzerland, and such places as Madeira." This statement, I suggest, is quite erroneous and cannot be substantiated.

I believe G. Bodington started open-air treatment of consumption at Sutton Coldfield in 1840, but he failed to win acceptance for his views. The actual adoption and beginning of open-air treatment in this country dates from the 'nineties. The county of Norfolk was its venue, and Drs. Jane Walker and F. W. Burton Fanning its two pioneers. Stated chronologically sanatorium treatment was started:

1. Downham Market, 1892, Dr. Jane Walker.
2. Cromer Convalescent Home, 1895, Dr. F. W. Burton Fanning. (Special shelters in the grounds, with revolving mechanism, designed by Dr. F. W. Burton Fanning and the late Dr. W. J. Fanning, which has not been altered since it was originally designed.)
3. Linford Sanatorium, 1897, Drs. R. Mander Smyth and H. G. Felkin.
4. Cotswold Sanatorium, 1898, Dr. S. T. Pruen.
5. Mundesley Sanatorium, 1899, Dr. F. W. Burton Fanning.
6. Nordrach-on-Mendip Sanatorium, 1899, Dr. W. R. Thurnham.
7. East Anglian Sanatorium, Nayland, 1901, Dr. Jane Walker.
8. Kelling Sanatorium for poor patients, 1903, Dr. F. W. Burton Fanning. (With money given on account of a patient treated at Mundesley Sanatorium.)
9. Maltings Farm, Nayland, 1904, Dr. Jane Walker.

It is thus apparent that the first trials of open-air treatment for the consumptive began in a house at Downham and in a convalescent home at Cromer. From these two tentative establishments in Norfolk there sprang the Mundesley Sanatorium in 1899 and the East Anglian Sanatorium, Nayland, in 1901.

In common with very many other medical men I would be glad if you could, through the medium of the *Journal*, bring about a long-overdue recognition of fine pioneer work, resulting in untold benefit to the consumptive, and to establish the claims of Drs. Jane Walker and Burton Fanning, the first two doctors in this country to start sanatorium treatment. I feel confident that neither of these two pioneers would ever attempt to "stake claims," but "an unbeaten gong gives no sound."—I am, etc.,

Burgess Hill, Oct. 1st. S. Gurney Champion.

Mechanized Medicine

Sir,—What we write, I believe, in the majority of cases, is a reflection of our own practice, of our own conception of what is right and what is wrong, and of our own ideals. Dr. Taylor-Thomas, in your issue of September 12th, imagines a conversation between a British national health insurance physician and his patient, and he bases his arguments against British national health insurance and in favour of his proposed revolution of medical practice upon this picture which he, without any experience of what he is writing about, has evolved. That he would do such a thing, in my opinion, places him pretty far down in the C grade of his own scheme. Now in your issue of September 26th, we have an individual, who at least has the sense to sign his letter by a pseudonym, applauding Dr. Taylor-Thomas apparently on the grounds that he, "Juvenis," rushes through the examination of his patients without proper care, because he, through apparently gross carelessness or ignorance, lately diagnosed two carcinomata of the stomach too late, and labelled a case of pulmonary tuberculosis as a neurotic, and, worst of all, because he and his chief, the latter receiving public money under definite conditions of service, fail to carry out their agreement with their Insurance Committee.

I have been chairman of the Ross and Cromarty Insurance Committee for several years. I have also been chairman of the Ross and Cromarty Panel Committee for many years, and my index list is one of the largest in this area. I should thus know something of national health insurance practice, its good qualities and its bad qualities. We are not to judge the character of the British citizen by that of the inmates of Dartmoor Prison, and I would ask you not to judge our national health insurance practice by the imaginings of Dr. Taylor-Thomas, or by the confessions of "Juvenis" and his kind. In the large majority of cases national health