

by the Council. We would add that the individual reports by Dr. Duffey on which the Committee deliberated have shown him, as the Committee's report implies, to possess precisely those gifts, medical, general, and special, which were needed for the task which was committed to him.

THE FUTURE OF THE METROPOLITAN ASYLUMS BOARD.

[FROM A CORRESPONDENT.]

Now that the more urgent of the difficulties in which the Metropolitan Asylums Board are passing away the time seems to have come when we may fairly enter upon the very important question of the relation of that Board to the rest of the sanitary administration of London.

It may be said that the Asylums Board, if let alone, and especially if they obtain the help which they consider they deserve, will soon be able to give to the sanitary authorities all the assistance which they can possibly require. The arrangements, however, which are proposed by the Asylums Board are only such as will meet what one may term average conditions, not real epidemics, and whenever epidemics arise the old confusion will be repeated. This we maintain is not a logical solution of the problem. What is wanted is not merely a larger number of hospitals, but such an organisation as shall ensure that, whenever times of pressure shall arise, those hospitals shall be put to the best possible use for the control of epidemics.

There are, moreover, two very dark clouds hanging over all the optimistic proposals to provide hospitals for the whole fever of the metropolis. One is diphtheria, the other is measles. No one knows or can even guess where diphtheria is to end; and its progress may at any moment upset all the calculations of the officials at Norfolk House. Measles is an even greater difficulty. It is not likely that sanitary authorities will long maintain their present attitude of indifference towards so fatal a disease—one which not only itself causes a far greater mortality than either scarlet fever or diphtheria, but is probably more effectual than either in setting up maladies which increase the death-rate later on. What then will be done when the sanitary authorities come to the Asylums Board, or whatever body may then have the control of the hospitals, and ask for admission for their cases of measles, or for such of them as are in urgent need of treatment?

Again we shall find ourselves in the old difficulty. The treatment in hospitals of the entire mass of measles would be an enormous task, and it is utterly unlikely that it would ever be undertaken. In measles even more than in scarlet fever it will be a matter of selection of the most important and urgent cases; those which from a public health point of view require treatment and isolation. Again, then, we shall find ourselves face to face with the old question, Who is to select?

After careful consideration of all the circumstances of the case, we put forward the following three proposals as likely to bring the hospital arrangements for the treatment of fever in the metropolis into line with the wants of this great city. Nevertheless, it must be understood that if at any time the whole sanitary administration of London should be altered in such a direction as to throw it upon one central authority, a corresponding alteration would be required in the arrangements for dealing with infectious diseases.

First, then, it should be recognised that, just as the Asylums Board was originally a co-operative arrangement between the various Poor-law unions for the better management of cases for which they were responsible, and so was elected out of the guardians; now that its duties have become altered, and that it is largely engaged in doing the work of the sanitary authorities, they also should be represented upon it.

Secondly, it having become quite clear that the difficulty and expense of obtaining sites for hospitals are enormously increased by the procedures imposed by law upon the Board, whenever they go into the market for the purpose, it seems desirable that even if the Asylums Board should not be allowed the rights of compulsory purchase enjoyed by some other public bodies, they should at the least be allowed the same rights as private individuals.

Thirdly, the treatment of fever at the expense of the community being undertaken solely for the good of the public health, being, in fact, but part of the sanitary administration of the metropolis, it seems reasonable that the whole choice and responsibility as to who shall be removed should lie upon the sanitary authorities by law appointed.

This is the real centre of the whole reform which we propose. We would leave the Asylums Board (reformed as suggested above) to be the permanent authority for the management of the hospitals, but we would give back to the local sanitary authorities that which forms an essential part of their work in the prevention of disease, that is, the complete choice and responsibility as to which cases shall be removed out of their respective districts whenever the hospitals are so full that all applicants cannot be taken in.

The plan would work in this way: Every week, or if necessary every morning, the total estimated number of vacant beds would be allocated to the various parishes in accordance with the number of notifications received from each. In this way every parish would receive its share of the available accommodation in accordance with its wants, and would have complete freedom of choice as to the cases to be sent. All applications for removal would be made at the local sanitary offices, and after submission to the local officers those selected would be forwarded to Norfolk House, whence the orders to the ambulances would be issued. After the patient had been removed, the whole treatment of the case would rest on the Asylums Board. The command of the hospitals and of the ambulance service would rest where it now is, but instead of the organisation being at the beck and call of anyone who chooses to apply, it would be at the disposal of the authorities responsible for the districts.

It may be asked what advantages would this plan offer over the one at present in operation? During times when there is plenty of room in the hospitals there would be no advantage; the present system is efficient enough so long as the beds hold out, and if the London ratepayers are willing to support a system of hospitals extensive enough to provide hospital accommodation for the greatest of epidemics, there is an end of the matter; but that is a bigger business than most people think.

The advantage of this plan would come in directly there was pressure for beds, and then its benefits would be very great. As a counsel of perfection it might possibly be the best course to remove to hospital every case of infectious disease, but however this may be it is certain that all these cases are not equally urgent either so far as the public are concerned or in regard to the individual. A selection then must be made, and it is obvious that the choice should lie with those dwelling on the spot who have local knowledge.

The proposed plan would put at the disposal of every sanitary authority a certain number of beds to be used by their health officer to the best advantage of the district. They would as absolutely belong to the district as if it had a hospital of its own, and the measure of the number of beds so allocated would depend upon the prevalence of the disease within the district. The greater the prevalence of the disease in any place the larger would be the proportion of the available beds which would be allotted, whereas now it is to be feared the amount of accommodation obtained depends much more upon the skill of the medical officer in representing to Norfolk House the urgency of his cases.

Moreover, the sanitary authorities being represented on the Board, they would have an influential voice in the extent of the accommodation provided, whereas at present the decision in regard to this rests with a body which, so far as its election goes, has no connection whatever with sanitary administration. If the only means at our disposal for the control of epidemics were the removal and isolation of the sufferers this matter would not be so important. But this is not the case. Isolation is but one of many means, and it ought to be at the disposal of the same body which puts in operation all the other measures taken to limit the spread of disease, namely, the local sanitary authorities.

THE College of Physicians of Philadelphia, founded in 1787, has conferred the distinction of Honorary Fellowship upon Professor Sir T. Grainger Stewart.