

England and Wales.

[FROM OUR SPECIAL CORRESPONDENTS.]

MANCHESTER AND DISTRICT.

MEDICAL AID IN STREET ACCIDENTS.

SOME recent events have shown that it is high time that some uniform arrangements were made throughout the country for the proper recognition of the services of medical men when called to accidents or cases of sudden illness in the streets. A few weeks ago, in answer to a question in the House of Commons, Mr. Asquith stated that in London a fee of 3s. 6d. was paid for cases occurring between 7 a.m. and 7 p.m. and 7s. 6d. between 7 p.m. and 7 a.m., and also that for giving evidence about such cases in the police courts 10s. 6d. was paid if within two miles of the doctor's residence and 2s. 6d. for each additional mile, with a maximum total fee of 21s. But it appears that there is no such arrangement in the great majority of our large towns, and practically nowhere in the country districts. Hitherto authorities have simply trusted to the humanitarian feelings of medical men, and it has very rarely happened that proper medical assistance has not been readily available, even though in most places every medical man knows quite well that in three cases out of four he will never be paid for his trouble. When an accident occurs everybody is ready to run for a doctor, but it often happens afterwards that everybody, even including the patient, denies any liability. It is a fact that the police in some towns have had instructions not themselves to send for a doctor; irresponsible bystanders may do so, and the police are then not liable. It is by no means uncommon for every doctor in the neighbourhood to be called, and in a short time three or four arrive on the scene only to find that the case was a trifling one or that some other doctor has already attended to it, and none of them receive anything for their trouble, though they may have been called away from a surgery full of private patients. The public has been educated to regard services thus voluntarily given without remuneration as a right which it can claim at any time. And though a doctor may have gone to half a dozen cases which have turned out to be trifling, and for which he has never been paid, if by any chance he fails to go to a case which proves serious, he is at once branded as inhumane, even by people who would pass by an accident on the other side of the street. That this is no imaginary picture is seen from a case which has recently occurred at West Hartlepool, where Dr. Morgan, a well-known practitioner, and the last man in the town who should be charged with inhumanity, has been pilloried in the public press for failing to attend an accident in the streets. It appears that he had no intimation that the case was of a serious nature, nor has it even been proved that it was possible for him to attend, and, what is far worse, he had no opportunity of attending at the inquest afterwards to rebut charges made against him. Several cases similar to the above have occurred in Manchester and Salford, and representations have from time to time been made to the authorities. It is satisfactory to state the joint committee of the Manchester and Salford Divisions has now been officially informed by the solicitor to the town clerk of Manchester that the scale of fees paid to the police surgeons "applies also to ordinary medical men when called in by the police to cases of accident or sudden illness in the streets." This scale is 3s. 6d. for attending by day and 7s. 6d. by night, with a fee of 21s. for attendance in the police court to give evidence. The official intimation however continues:

I may add that it very rarely happens that it is necessary for the police to call in ordinary medical men, as by an arrangement with the Telephone Company the police officers can use any telephone, and by this means obtain the services of the police surgeons and horse ambulances in which to convey patients to the infirmary quicker than they could obtain the services of other medical men.

For Salford, the Chief Constable writes: "The fees payable to medical men for attending street accidents in the borough or attending court are upon the same basis as those quoted by Mr. Asquith," that is, the same as given

above for London. Tramway accidents are in a different category, the arrangement being that the Salford Tramways Claims Department will pay 5s. for first aid in any tram accident, but the claim for the fee must be accompanied by a short report of the injuries and any statement the patient may have made with respect to the accident. For first aid alone 3s. 6d. has generally been paid.

It is evident that until some similar arrangement has been made universal throughout the country, there will be constant dissatisfaction; and nothing but an organized demand for the matter to be put on a business-like footing will prevent a repetition of the unfortunate event at West Hartlepool.

WALES.

THE EBBW VALE DISPUTE.

THE Ebbw Vale dispute seems to grow more and more confused. The following paragraph, which we quote from the *South Wales Daily News* of May 4th, describes what, as far as we know, is its latest phase:

The Ebbw Vale Workmen's Doctor's Fund dispute, having existed over three years, is now as far off settlement as ever. A meeting of the Cwm and Wainlwyd section was held at the Public Hall, Cwm, on Monday evening, May 3rd, when Mr. F. Griffiths presided over a large attendance. The chairman, in his opening remarks, gave a summary of the proceedings that had taken place since the signing of the original agreement, and said that the manner in which the second ballot was taken was unfair, and was an insult to the intelligence of the voters. The ballot boxes had been carried about by persons deeply interested in the result; and while he did not attribute any unjust motive, it was nevertheless not above suspicion. It was decided to instruct the solicitor to proceed for the recovery from the fund of the money awarded by Judge Owen in the county court to the Cwm section, and that, as far as the future was concerned, that matters be left in the hands of the committee to proceed in the best and most speedy way to recover what have been incurred since, and that an injunction be applied for.

Scotland.

[FROM OUR SPECIAL CORRESPONDENTS.]

DUNDEE AND ITS SANATORIUM.

DUNDEE has missed an opportunity of honour. For some years it has, in dealing with phthisis, pursued a policy which has developed gradually through the stages of sputum examination, voluntary notification, and the establishment of a municipal dispensary. Last autumn the medical officer of health, in his report as a delegate to the International Congress on Tuberculosis, developed a scheme for the complete management of the phthisis problem. The main provisions of this were compulsory notification, municipalization and development of the Sidlaw Sanatorium, and segregation of incurable cases. The sanatorium with its forty beds was to be handed over as a free gift, but without endowment, and the financial burdens involved were estimated to require a rate of 2d. The Convener of the Health Committee met this scheme with enthusiasm and almost too great energy, and succeeded in carrying it through unmodified up to a point at which the transfer agreement had been signed, and the transaction could be closed by securing the sanction of the Local Government Board, which had been promised in advance, and the assent of the Scottish Secretary. Unfortunately, the matter had become complicated by personal questions, and by a proposal to redress an old grievance, due to the astuteness of an ancient official, which confers on Dundee the distinction of being the only place where the health-rate falls entirely on the occupier. The new rate was to be called the sanatorium rate, and was to fall equally on owner and occupier. This evoked the hostility of certain interests which were eventually successful in expressing so much public opposition that the town council which at first passed the scheme with only three dissentients, eventually at a special meeting asked the directors to cancel the agreement. That Dundee has thrown away the honour of being the first city in the kingdom to own a sanatorium for phthisis is a matter of less serious import than the unawakened public conscience it has revealed in the process. This seems to foreshadow neglect, as, of the two other ways in which the phthisis problem may be met, being more probable than a root

and branch method of improving the conditions of housing and employment which would afford appreciable results a generation hence. Any such method is even less likely to harmonize with the visible interests of the Chamber of Commerce and the House Factors Association who have been so successful in their present agitation. One unfortunate result of the present fiasco is that it has impaired the charitable support which was hitherto given to the Sidlaw Sanatorium. The results of treatment in early cases have been excellent, and it will be a catastrophe for Dundee if such relief as the Sanatorium at present affords to the phthisical of that community is withdrawn.

A WEST AFRICAN ARROW POISON.

At a meeting of the Royal Society of Edinburgh a communication was submitted by Sir Thomas Fraser and Dr. Mackenzie, Carnegie Research Scholar, on *Strophanthus sarmentosus*. It was one of the many species of the genus *strophanthus* found in Africa. A considerable number of years ago the seeds of another species came into Sir Thomas Fraser's possession, and were fully examined in regard to chemistry and action, but as the species from which the seeds were obtained was unknown the results were not published. Many efforts had been made to obtain the flower and other parts of that plant, but for a long time were unsuccessful. Specimens of several unexamined species, however, were collected, and among them was a complete and large collection of the fruit and flower of *Strophanthus sarmentosus*, and with the materials thus obtained investigations had been made. *Strophanthus* was found over a large part of West Africa—Gambia, Senegambia, Senegal, and especially in Nigeria. Most of the material had been collected by officers of the Colonial Medical Service. These gentlemen brought under the notice of the authors of the communication the prevalence in Nigeria of the use of poisoned arrows, the main ingredient of whose poison was derived from the seed of the *strophanthus*. A large number of these poisoned arrows had been obtained by the kindness of Sir Frederick Lugard. *Strophanthus sarmentosus* is a creeper or vine. The seeds are small. Sir Thomas Fraser said that the pharmacological investigation was made with an alcoholic extract from which had been removed a large quantity of fat and other inert substances. Because of the therapeutic interest which was attached to the seed of the *Strophanthus hispidus* in the treatment of cardiac disease, the action of the product was fully examined, and the result showed that the contractions of the heart were modified by it much in the same way as by the official drug. It might be expected, therefore, that *Strophanthus sarmentosus* would also become a remedy of much importance and value.

Ireland.

[FROM OUR SPECIAL CORRESPONDENTS.]

THE PERMISSIVE PROVISIONS OF THE TUBERCULOSIS BILL.
A STRONG deputation from the local branch of the National Women's Health Association of Ireland appeared before the monthly meeting of the Coleraine Urban Council, and with statistics and arguments urged the adoption of compulsory notification and other clauses of the Tuberculosis Prevention (Ireland) Act of 1908, which is to come into force on July 1st. Several ladies spoke, and the Chairman said that the urban council had already anticipated much of the work, and was willing to bear its share of the expense of a county sanatorium; the work of the association had its strongest sympathy, and he advised the ladies to bring pressure on the county council.

When it is remembered that on both sides the discussion was carried on by the laity, and that one side was exclusively composed of ladies, the circumstance marks an enormous advance in the education of public opinion and in public health administration.

THE Japanese Government has decided to establish five leper colonies, in which at first about 1,000 patients affected with the disease in a severe form will be compulsorily isolated. The foundation of a leper hospital at Osaka and of a home in the island Kin-Sin is also under consideration.

Special Correspondence.

BERLIN.

Boy Suicides.—Sanitation of German Health Resorts.

GERMAN psychologists and German statisticians are giving much thought just now to the subject of boy suicides, and, indeed, it is time they should do so, for, in spite of the wide publicity given to these deplorable events by the newspapers—even, perhaps, by very reason of that publicity—the wildest notions on the subject seem to prevail. Not only are fantastically high figures circulated and accepted in other countries, but in Germany itself the general belief is that the evil is increasing at an alarming rate, and that overwork and brutal treatment at school are chiefly, if not exclusively, responsible for it. The Prussian Cultus-Ministry placed at the disposal of Professor Gerhardt, a theologian of mark, and himself a school teacher, its large and carefully sifted collection of material on the subject, embracing all the higher-grade boys' schools in Prussia, and covering the twenty-nine years 1880-1908. He has now published a pamphlet with well-arranged tabular information in which the correct figures can be read at a glance. If, in spite of endeavours evidently conscientious, he has not, in some of the inferences he draws from them, been entirely able to overcome certain prejudices inherent in his profession and position, still the figures stand there, and likewise the medical reports on a large number of cases; these speak a language impossible to misunderstand. The tables demonstrate that the average boy suicides, that is, the number compared with the actual number of pupils, though it has varied from year to year, has not increased during the last twenty-nine years. That in fact, except for the year 1908, the average of the last five years has been comparatively low. For instance, in 1883 the proportion was 0.013 per cent. (17 suicides out of 129,971 schoolboys), whereas in 1906 it was only 0.0077 per cent. (16 out of 205,883), these examples being taken at random. The highest proportion, 0.0146 per cent. (20 out of 136,908) was reached in 1889; the lowest proportion, 0.0037 per cent. (5 out of 131,836) in 1882. The figures for last year (1908) were again deplorably high, 0.0124 per cent. (28 out of 224,823). Unfortunately some families resolutely refused to furnish any data or information that could have thrown a light on the suicide, and in a few cases neither family nor friends nor doctor nor teachers were able to give any clue whatever. Undeterred by these blanks in his list, Gerhardt set valiantly to work to classify the information afforded by the cases of the last ten years, a total of 170, and found mental disease, oftenest a hereditary suicidal mania, fully proved in 31 cases. The surmise may be hazarded that the families who withheld all information may probably have done so for fear of disclosing to the world similar hereditary tendencies. In 47 cases no connexion whatever was traceable between school life and the catastrophe. These were none of them backward or (apparently) in any way abnormal, nor had they undergone punishment, or been worried by ironical remarks, or insulted in any way, nor did they go in dread of examinations. They were, without exception, satisfactory, steady pupils of average powers, a few of them distinctly above the average. In one group of cases miserable family dissensions (impending divorce of the parents, illegitimacy, etc.), in another early profligacy and venereal disease with fear of its detection drove the lads to their early death. Unrequited love, à la Werther, and the sudden death of parents gave the clue to the *taedium vitae* of a few others. A few killed themselves out of pure fanfaronade ("what a stir it would make," said one of these misguided boys to a friend), and three were the result of the mysterious contagion that sometimes goes out from dark deeds such as suicide. In conclusion, Gerhardt lays the blame more on the home than on the school, on the want of psychological watchfulness at home, whether it arise from ignorance or indifference. It is, at any rate, certain that his pamphlet will remove a great part of the odium that has rested on German schools so long. Still, the fact remains that the German matriculation, being a very difficult examination—far more difficult, as is believed in Germany, than the