

asked to encourage householders to reduce the quantities of waste to be collected. In this matter Birmingham has set an example to other towns by instituting an active publicity campaign against waste. A refuse disposal department of the city corporation has been formed, and posters have been spread about under the paradoxical heading "Economy in Waste." These posters first tell the public what the Birmingham Corporation is doing to promote economy by the utilization of refuse; then the part which the public can play is set out. Householders are urged to reduce the quantity of matter to be collected in dustbins by burying or burning garden refuse, sifting and reburning cinders until only the ash remains, keeping slops and liquid refuse out of the dustbins, and making the fullest use of potato peel, fruit parings, and other vegetable remnants. The last suggestion is especially timely, for the economical French housewife makes nourishing and agreeable vegetable soup from what her British sister throws away; and what cannot be used for vegetable stock, or *potage bonne femme*, should serve as food for pigs or poultry. It is calculated that if every Birmingham household reduces the amount of refuse thrown into its dustbins by 1 lb. a day, the reduction throughout the city would be more than 30,000 tons a year, representing an economy of £13,000 a year. One point ought to be added, we think: if the householder takes the trouble to help in this way in the general economy campaign, the local authorities must do all in their power to make things easy for him by regular and frequent collections of refuse.

#### TUBERCULOSIS TREATMENT IN LONDON.

At the London County Council, on May 1st, it was stated that 129 adults and 330 children were undergoing residential treatment for tuberculosis under the Council's scheme. The Public Health Committee is considering the establishment, in association with tuberculosis dispensaries, of day sanatoriums for children who, by reason of the disease, are only suitable for education of a limited kind. Communications are being made with a view to temporary arrangements with voluntary committees in five metropolitan boroughs. The London County Council, as a result of the growth of tuberculosis work, has had to reorganize the staff devoted to children's care, and a new post for an "organizer of tuberculosis work" has been created in the public health department.

The London Insurance Committee, in view of the fact that certain metropolitan borough councils have not yet entered into agreements for dispensary treatment of insured persons suffering from tuberculosis, has decided to approach the Local Government Board. Inasmuch as a national emergency exists, the committee will ask the Board to exercise the powers it possesses and direct these borough councils to enter into agreements immediately. Agreements for providing dispensary treatment for tuberculosis have been sealed with twenty of the London borough councils.

#### THE MILITARY ORTHOPAEDIC CENTRE, BRISTOL.

The military orthopaedic centre at the Beaufort War Hospital, Bristol, was inspected last Saturday by Lieutenant-General Sir Henry Selater, G.C.B., G.O.C., and Surgeon-General Birrell, D.D.M.S. Southern Command, representing the military authorities, and by King Manuel, representing the joint war committees of the British Red Cross Society and the Order of St. John. Among others present were Colonel Sir Walter Lawrence, K.C.B., representing the Pensions Committee, Colonel Robert Jones, C.B., Lieutenant-Colonel Mayo Robson, Consulting Surgeon Southern Command, Major Patterson, Deputy Inspector of Military Orthopaedics, and Lieutenant-Colonel Prowse, O.C. 2nd Southern General Hospital. The centre now provides 500 beds and a set of curative workshops, in which the ceremony took place. After a few words of welcome from the Lord Mayor, Colonel Robert Jones said that the real meaning of military orthopaedics was the restoration to use and function of arms and legs injured by gunshot wounds involving nerves, bones, and joints. Probably, he said, at least 50 per cent. of all serious war injuries were of an orthopaedic nature, and of these the greater number could be restored to the army or to civil employment by proper treatment. King Manuel spoke of the importance of curative workshops; the workshops started at the London Military Orthopaedic Hospital,

Shepherd's Bush, last October had already treated 1,350 cases. Of these, 1,000 had been returned to the army in classes A, B, or C, and only 350 had been finally discharged. The essential feature of the curative workshop was that it supplied natural instead of artificial stimulus to the restoration of the injured limb to function. Sir Walter Lawrence endorsed what King Manuel had said as to the importance of these centres, and added that the Government were prepared to place the resources of all technical schools at the service of discharged soldiers. Athletic sports for wounded men were afterwards held in the grounds, and King Manuel presented the prizes to the winners.

## Ireland.

#### DUBLIN HOSPITAL STAFF FOR FRANCE.

His Excellency the Lord Lieutenant entertained the following members of the staff of the Dublin War Hospital to luncheon prior to their departure for France: Lieutenant-Colonel W. Taylor, R.A.M.C.; Lieutenant-Colonel E. H. Taylor, F.R.C.S.I.; Lieutenant-Colonel A. Parsons, M.D.; Major R. C. B. Maunsell, F.R.C.S.I.; Major W. A. Winter, M.D.; Captain E. J. Watson, M.D.; Captain F. C. Crawley, F.R.C.S.I.; Captain C. E. Boyce, L.R.C.P. and S.I. The staff was received by the King at Windsor on May 4th. In connexion with the staffing of the Dublin Hospital, Lieutenant-Colonel William Taylor, who is President of the Royal College of Surgeons, Ireland, and Vice-Chairman of the Irish Medical War Committee, has taken a very active part. In order to secure the services of more medical men the War Office is now prepared, it appears, to allow doctors to give their services, as members of hospital staffs, for periods of three or six months in France. Commissions will be granted for those periods, and rank, without pay, will be retained for three months after returning, in order to save regazetting should the officer go to France again in a short time. The restriction that all officers are to be over 40 years of age, and only to exceed 50 by a small margin has in the latter case caused much disappointment, as it prevented the inclusion in the hospital staff of several well-known Dublin surgeons and physicians who had volunteered their services. All the clinical hospitals in Dublin will be represented by those who are going out, and every group of nine, who will usually serve for three months at a time, will consist of two physicians, three surgeons, an oculist, a pathologist, a radiographer, and an anaesthetist. The chief physician and the chief surgeon in each group will be given the rank of lieutenant-colonel, the other physicians and surgeons that of major, and the specialists that of captain. The response for the staffing of the hospital has been most ready, and the full number of doctors for the year has been already provided. The next staff will be almost entirely supplied by the Mater, St. Vincent's, and Jervis Street Hospitals.

## Correspondence.

#### THE PREVENTION OF INFECTIOUS DISEASES.

SIR,—The demand for more complete isolation of tuberculous patients on the ground of the supposed success of such methods in other infectious diseases, commented on in a recent number of the JOURNAL, prompts me to ask what is the real value to the State of hospital isolation and treatment of patients suffering from infectious disease.

No one doubts its value to individuals and their families, but the State gains comparatively little unless the disease can be prevented from becoming epidemic. This kind of control has been gained over many infectious diseases, such as small-pox, yellow fever, enteric, cholera, malarial fever, etc., but always by indirect methods, such as pure water supply, increasing resistance-power, or dealing with insect carriers of the disease; never does isolation play a predominant part. Where isolation is the only weapon available, as in scarlet fever, measles, etc., epidemics are as common as ever.

Tuberculosis is no doubt a pre-eminently infectious disease. *Post-mortem* examinations of children seem to indicate that in crowded districts few, if any, escape