

## BIRMINGHAM.

*The Committee on Hospital Reform.*

THE Committee on Hospital Reform held a sitting on October 15th, at which Mr. Eales, surgeon to the Eye Hospital, gave evidence. He stated that the number of out-patients had decreased during the last three or four years, owing to the more stringent supervision now exercised; formerly the surgeons were expected to make inquiries, but this led to friction between the committee and the professional staff, so eventually it was arranged that inquiries should be made by the two secretaries. In cases of urgency assistance was given at once before inquiry, and it was satisfactory to the medical staff that the hospital was in such a strong position that it could afford to report the decrease in the number of out-patients treated. The ticket system was open to some abuse, and he repudiated the idea that, where bodies of workmen subscribed for tickets, they paid in full for the assistance they received. Very few cases were refused on the ground of triviality. He was consulting oculist to a provident institution, for which he saw patients at a half-guinea fee, but he thought that most of the members got their ophthalmic advice at a hospital. A great many patients would be able to pay a small fee who could not afford the ordinary charges of specialists, and he thought it was a good plan to charge a modified fee in connection with provident dispensaries.

Mr. Gilbert Smith, surgeon to the Skin and Lock Hospital, stated that the number of patients had increased considerably during the last year, the increase, in his opinion, being due to an alteration in the hours of consultation, by which many of the patients were seen in the evening. It was a free hospital, with a registration fee, and he believed a large amount of abuse was prevented by the careful inquiries which were made. Many of the lock cases could afford to pay a general practitioner's fee, as they were often single men, earning good wages. Many of the cases of both classes of disease could be treated by general practitioners, but in some the cure would be delayed by the want of special treatment. He did not think Hospital Saturday was the cause of any abuse in connection with this institution.

## CORRESPONDENCE.

## HABIT IN DIET.

SIR,—In the BRITISH MEDICAL JOURNAL of October 18th, Sir William Roberts says: "I contend, therefore, that we have in our generalised food habits and customs a natural dietetic standard or model—as truly natural as the food habits of the squirrel, the blackbird, or the trout; and, further, that we are warranted in concluding beyond all reasonable doubt that there lies in each main feature of this standard some important beneficial purpose."

1. Carried to this extent, this analogy is misleading. These animals have no control over the conditions under which they live; and, therefore, they merely illustrate the survival of the fittest to cope with the conditions under which they find themselves. Civilised man, on the contrary, has a large control over the food, clothing, and other conditions under which he lives; his aim, therefore, is so to select and co-ordinate the conditions of his life as to illustrate the survival and development of types that are ideally the best, and not merely those which are the fittest for a set of casual conditions over which he has no control.

2. Sir William lays down that, in dietetics, there are two distinct indications—one to subserve the needs of general nutrition; the other to subserve the needs of the higher functions of the brain and nervous system. And he goes on to say that tea, coffee, alcohol, and tobacco are brain foods which subserve the second indication. What evidence has he of this?

3. Referring to irrational prescriptions in diet, Sir William says: "Sugar is forbidden while farinaceous matters are prescribed, although, as is well known, these latter are all transmuted into sugar in the course of the digestive operations." But is this so? Are there not many patients who, while absorbing every particle of sugar, fail to saccharise all the starch which they ingest; and, therefore, pass off a large portion of such starch with their faeces? In the Southern States the negroes, who live on maize and other starchy foods, fatten perceptibly directly the sugar cane gets ripe. I have long drawn a sharp distinction between sugar and starch in my dietaries for obese patients. Moreover, I find that the unbroken starch which exists in unfermented bread is much less

easily saccharised than that which has been exposed to the action of leaven in the ordinary fermented bread. Hence the unpopularity of the unleavened bread with the working classes; they find that, while it fills them up, it is not "satisfying." In my dietaries for obese persons, I have long prescribed unfermented bread as equally filling but less fattening than ordinary bread. The action of the leaven probably shakes the starch molecule, and prepares it for subsequent hydration and saccharisation in the digestive processes. In many cases it is this power of fully saccharising all the starch ingested which makes the difference between obesity and leanness.

4. Sir William gives this rule: "When a patient inquires whether he may take this or that article of food, ask two questions, Do you like it? and Does it agree with you? If the answer be in the affirmative, there is no intelligible reason why the use of that article should not be sanctioned."

Now, reading on through the classical article which follows Sir William's address, we find a series of deplorable facts with regard to "Ether-Drinking." If, then, an ether-drinker comes to the doctor to know whether he may continue to take ether, the doctor is to ask, Do you like it? Answer, Yes. Does it agree with you? Yes. Then is there no reason why the use of that article should not be sanctioned?

5. There can be no question that the palate must pass summary judgment upon the wholesomeness or otherwise of articles of food. But is the palate not often a corrupt and demoralised judge?

Pythagoras left us the following maxim: "Find out that course in life which is best, and then habit will render it the most delightful." I have always understood this as teaching that, in man, the brain was to guide the belly. Sir William Roberts seems to think that in man—as in the squirrel, the blackbird, and the trout—the belly ought to guide the brain.—I am, etc.,

Grafton Street, Piccadilly.

JAMES EDMUNDS.

## ETHER-DRINKING IN SCOTLAND.

SIR,—Thirty years ago, when learning the drug trade in the town of Irvine, it was not at all an uncommon matter to sell ether, which was drunk over the counter; the usual dose was two to four drachms, taken neat, followed by a mouthful of aq. menth.

In Glasgow I have known it to have been asked for in my open surgery, for drinking over the counter; and I have had to give instructions to my shop assistant not to sell it under any circumstances.—I am, etc.,

Glasgow.

W. L. MUIR, L.R.C.P.

## ASYLUM ATTENDANTS.

SIR,—It is difficult to detect the aim and object of a letter which appears upon this subject in the BRITISH MEDICAL JOURNAL of October 18th. One may gather from it, however, that the writer has had but small experience in the matter of which he treats, and that there was evidently some neglect of duty on the part of the medical officer in not discovering that there was under his care an "emaciated dement," in the very last stages of pulmonary phthisis, sooner than the morning of the day upon which she died.

It is unwise to suppose (as your correspondent would appear to do) that it is the duty of the nurses to diagnose and treat the ailments of the patients in the wards of which they have charge. Doubtless, if such were their duty, the class of nurses who in these days do this harassing work would be an extremely ignorant set. As it is, however, they merely have to obey the directions of the medical officer, whose duty it is to use his eyes thoroughly, not only occasionally, but every day, and during the whole time that he is among his patients, because "emaciated dement" cannot describe their symptoms, and their diseases must be discovered objectively.

Your correspondent lays great stress upon the fact that the poor creature was "stripped naked" to be bathed. Being a "wet and dirty" case, I hardly understand how it would be possible to cleanse her otherwise.

Your correspondent was evidently unfortunate in obtaining his experience in an asylum where even the charge nurses were "more ignorant than the average scullery maid." The average asylum attendants are usually willing to learn all that it is necessary for them to know, if those to whom they look for directions are ready to teach them.