

BRITISH MEDICAL ASSOCIATION.  
SUBSCRIPTIONS FOR 1899.

SUBSCRIPTIONS to the Association for 1899 became due on January 1st; and notice is hereby given, in accordance with By-law 5, that Branch Secretaries' subscription accounts close on October 31st, and all unpaid subscriptions must be forwarded after that date to the General Secretary, 429, Strand, London. Post-office orders should be made payable to the General Post Office, London.

**British Medical Journal.**

SATURDAY, DECEMBER 16TH, 1899.

**MEDICAL REGISTRATION AND PERSONATION.**

THE *Medical Register* is not exempt from the fraudulent attempts of persons who conceive that the material advantages to be derived from inscription thereon are worth the risks of detection. Once the fraud has been successfully perpetrated its subsequent detection depends largely upon accident. Now and again some other offence is committed by the wrongdoer in the investigation of which his former offence comes to light, and in this way two curious cases of personation have been discovered. In one a man obtained from the office of the Council a certificate of registration relating to another person, armed with which he obtained situations as assistant to various practitioners. At the first convenient opportunity he robbed them and then decamped, which operation he repeated a good many times, but finally attempting it once too often was detected. In the other an out-at-elbows practitioner left the country for one of the Colonies, leaving behind him his diplomas, for which he received a pecuniary consideration. It chanced that his name became removed from the *Register* under Section XIV of the Act of 1858, whereupon the individual personating him got a registered practitioner to furnish him with a false certificate of identity and presented himself with the other man's diplomas for re-entry upon the *Register*. In this he was successful, but the adverse verdict of a coroner's jury threw an undesired amount of light upon this individual, and the fraud was made plain.

As to the *Dentists Register* it is known that a few, and it is on good grounds suspected that a large number, obtained registration during a period of laxity shortly after the passing of the Dentists Act by fraudulent representations, whilst a very large number did so by representations which were not far short of being fraudulent. These registrations were effected under the provision permitting registration of persons in practice prior to the passing of the Act and under the apprentice clause. It is also believed that the diplomas and the registration certificates of medical and dental practitioners who have died are being fraudulently used by unqualified assistants and others.

In view of these facts and suspicions a Committee of the General Medical Council was appointed to draw up a scheme by which fraud should be rendered more difficult both in the first instance at the original registration and also at subsequent periods. The report came on so late in the session that it was shelved for consideration at the

next meeting in May, although considerable pains had been spent upon its preparation, notably by the chairman, Mr. Horsley.

It has been the practice of the office to issue, upon payment of a small fee, certificates of the registration of any individual at any time and to any person who might apply without requiring any credentials; thus the detective engaged in one case obtained without any difficulty a certificate impressed with the seal of the Council, and looking more or less like a diploma.

In the report the subject is considered under the following heads: (1) the original entry of the name of the practitioner on the *Medical* or *Dentists Registers*; (2) the restoration of the name of a practitioner to the *Registers*; (3) certificates of registration; (4) preservation of the accuracy of the *Register*.

As to the first it recommended that the identification of the applicant should be tested by continuous record of his career from the commencement of professional education, as has in part been effected by the establishment of the *Students Register*. Handwriting, though it is acknowledged that this may change in the course of years, is to be used as one of the means of identification, the actual experience of the University of London having proved that in at least one case of personation at its examinations this was efficacious.

The wording of the Act by which a registered person is entitled, at least prior to the publication of the next *Register*, to a certificate of registration renders it impossible to do away with the issue of certificates altogether, but it is proposed so to alter the form of the certificate that it shall no longer have the semblance of a diploma, and that its purely temporary character should be made prominent.

Under the second head, that of restoration to the *Register*, as it is suspected that not a few persons have got upon the *Register* by personating dead practitioners or others who by various means had lapsed from the *Register*, additional safeguards are proposed. The application form is to be in the handwriting of the applicant; he is to furnish a statutory declaration (this is already done), and he is to obtain a certificate of identity from two registered practitioners. We have seen that a personator can get one, but it is to be hoped that he would find it difficult to get two, and the substitution of "two registered medical practitioners" for "a clergyman or magistrate, or a registered practitioner," will bring any offender who gives such a certificate with undue laxity under the jurisdiction of the Council. The recommendations as to the restoration of names which have been struck off by the Council for infamous professional conduct we may pass over, as these must always be few in number, and are not very likely to be selected by aspirants to fraudulent registration.

With regard to erasures on death there has always been a difficulty, for although it is the duty as defined by statute of every registrar of deaths to transmit by post to the registrars notification of the death of any medical practitioner, this is very imperfectly carried out, and it may be remembered that last May the result of the examination of a list of 234 names of practitioners known to have died during 1898 was published in the BRITISH MEDICAL JOURNAL. The names of no fewer than 17 of these

deceased practitioners were found in the *Register* for 1899. The Committee urge that pressure be again put upon the Registrar-General to ensure that this provision may be more efficiently carried out.

When a name has been taken off under Section XIV (from change of address) the Branch Registrars are empowered by a Standing Order of the Council to restore a name on application when the "prescribed conditions" have been fulfilled. It appears that the "prescribed conditions" are nowhere to be found, so that it has become "an unavoidable formality." The Act provides that the Council shall give orders for the restoration, and as a matter of fact, the worst case of personation yet proved was the direct outcome of this Standing Order. As it is the Registrar has only to report the fact of restoration to the Executive Committee. It is proposed that in future the lines prescribed by the Act shall be followed, even if it causes a temporary inconvenience to a practitioner who might, though only as the result of his own carelessness, have to wait at most six months for the next meeting of the Council or three for a meeting of the Executive Committee.

The issue at any subsequent period of additional certificates of registration affords another and perhaps the easiest mode of personation. It is a curious point that the issues of these certificates—both of that on original registration and of that on subsequent application—are usages which have gradually grown up. Little is to be found about them in the minutes, though as early as 1863 the Irish Branch Council had discovered that there was a danger of misuse, for at that time it ordered that certificates should be issued only to persons whose names have not already been published in the printed *Register*. Under the Act a person whose name has not yet so appeared is entitled to ask for a certificate, which is at present given as a matter of course by way of receipt for his registration fee, and this is often needed by applicants for appointments, so that certificates cannot be wholly abolished, but can only be so altered as to limit their applicability by careful wording and by the omission of the seal, so as to render them insignificant in appearance. The report of the Committee winds up with a series of recommendations, the general scope of which has already been indicated. There are certain difficulties which are, however, inseparable from the wording of the registration clauses of the Act. Thus, it specifies that applications may be made by post, and also that, in lieu of production of actual diplomas, lists certified by the licensing bodies may be taken as evidence of qualification.

Hence, in the event of a person who is recently qualified having delayed to register, another aware of the circumstances might anticipate him and procure a certificate of registration. Here the provision of comparing handwriting, if preserved from the date of the student's registration, seems to afford a check, though at present by some bodies the students' registration is effected by the deans of the institution *en bloc*, and so there is no written application from the individual. It would not be difficult to make a different arrangement. The alterations proposed, which include insistence upon a statutory declaration in all cases save that of original registration, if they do not make personation absolutely impossible, will interpose considerable

obstacles in the way of the dishonest, while they will add but little to the labours of the registrars. It is certainly time that the rules of procedure as to registration, in great part at present unwritten, should be codified.

### MODERN CREMATION AND DEATH CERTIFICATION.

SIR HENRY THOMPSON'S little work on *Modern Cremation*, of which a third edition has recently appeared, may be said without exaggeration to be one of the most important English contributions to the discussion of this method of disposing of dead bodies, since Sir Thomas Browne, in his classic treatise on *Urn Burial*, gave a description of the forty or fifty urns and their osseous contents which had been dug up in a field near Walsingham, in Norfolk. These still had the marks of combustion distinct upon them after having "quietly rested under the drums and tramlings of three conquests." Browne signed himself in his dedicatory epistle to his worthy and honoured friend, "even to urn and ashes, your ever faithful friend and servant, Thomas Browne."

As Sir H. Thompson in his slight historical sketch confines himself to the revival of the practice of cremation in England some twenty-five years ago, we naturally find no reference to Sir Thomas Browne, not even where the different forms of cinerary urns are discussed, a subject into which Browne entered at considerable length. This may be accounted for by the fact that the author had a far more important object in view than antiquarian research or even the advocacy of cremation.

At p. 45 he tells us that the defective system of death registration in this country, which the steps necessary to be taken before cremation could be carried out had brought to view, early led to a strong conviction on the part of the Council of the Cremation Society, of which he is President, that their primary duty was to agitate for the reform of this system, and that about the year 1891 it was agreed that to this object they should henceforth devote their time and energies. He gives in detail the steps taken for this purpose, which included a deputation to the Home Secretary in 1893 and resulted in the appointment of a Select Committee of the House of Commons with Sir Walter Foster as chairman in the same year.

How important the evidence given by Sir H. Thompson before that Committee was considered may be gathered from the fact (though for a knowledge of this we have to turn to the Blue Book itself) that his description of the system of *médecins vérificateurs*, as carried out in Paris and other large towns of France, is quoted in the body of the Select Committee's report, and that one of their principal recommendations is, that what is practically this system should be adopted here, whenever a medical certificate of death is not forthcoming. The Committee add that "what is of importance to note in this system is that the State takes upon itself the duty of ascertaining the cause of death, and in no case is burial permitted to take place until medical evidence of the cause of death, including, if necessary, that of a skilled pathologist, has been obtained." From the evidence placed before it, the Committee came to the conclusion that vastly more deaths occur annually from foul

<sup>1</sup> *Modern Cremation*, by Sir H. Thompson, Bart., F.R.C.S., etc., 3rd edition. London: Smith, Elder, and Co. 1899.

play and criminal neglect than the law recognises, that the existing procedure plays into the hands of the criminal classes, and that in order to remedy this state of things a medical man should be appointed in each district to investigate all cases of deaths not medically certified.

In 1894, seeing that no practical result had followed the publication of the Select Committee's report, Sir H. Thompson read a paper in the Public Health Section of the British Medical Association at the annual meeting at Bristol, when a resolution was passed by the Section urging the Council of our Association to press upon the Government the importance of carrying out the recommendations of the Select Committee. This was referred by the Council to the Parliamentary Bills Committee, and another deputation waited upon the Home Secretary. Sir Walter Foster, at that time Parliamentary Secretary to the Local Government Board, who was asked by the Home Secretary to reply on behalf of the Board, declared that the Local Government Board was as anxious as the deputation that the certification of death should be made as accurate as it could be, and also that the means by which crime now escaped detection should be as far as possible closed. He acknowledged that in this matter we were behind other nations, and that it was our duty to get on a level, at all events, with them; but the great obstacle, he said, was the expense. It would cost £64,000, perhaps even £100,000 (though he thought the latter estimate too high), to carry out the suggestions of the Committee, and thus the matter became one for the consideration of the Treasury, who, it is fair to conclude, from no official action having been taken from that day to this, thought the game not worth the candle.

The proved defects of the system of registering deaths have therefore been allowed to continue to play into the hands of the criminal classes, and the Government, though fully aware of this, refuses or neglects to take such means to prevent it as have long since been adopted by other civilised countries.

It is now nearly seven years since Sir H. Thompson, both in his letters to the *Times* and in his speech at the Home Office, brought the evils of the system prominently before the public, and was assured of the full sympathy of the then Home Secretary; but the "iniquity of oblivion," as Sir Thomas Browne quaintly says, "blindly scattereth her poppy," and in no place do the seeds appear to flourish better than in Government offices, where as soon as a subject has ceased to excite public discussion it is quietly sent to sleep in its appropriate pigeon-hole. Sir Henry Thompson's book is a reminder that this ought not to be permitted in regard to death certification, and the resolution of the General Medical Council to seek an interview with the Local Government Board with the object of asking that the recommendations of the Select Committee be carried out should operate powerfully in the same direction; while our Parliamentary Bills Committee, we may be quite sure, will not let the matter drop until the principal points of the Committee's report become embodied in an Act of Parliament.

### TUBERCULOUS MILK.

A REPORT from the Public Health Committee on the action taken under the Dairies and Milkshops Order of 1899 was

discussed at the meeting of the London County Council on Tuesday, December 12th. From this it appears that a complete inspection has been made of all the cows in London—some 5,144 in number. Of these, it is satisfactory to learn, 4,464 were found free from disease or abnormality of the udder; 7 were "clinically affected with tuberculous disease of the udder" and 5 were suspected of such infection; 82 had acute mastitis, 165 were affected with chronic induration of the udder, and 214 had atrophy of the gland. It was, of course, recognised that the examination of cows in London cowsheds would be absolutely futile to prevent the sale of tuberculous milk, so long as milk from cows outside the county, which have been subjected to no inspection, is allowed to be sold in London and to be mixed with milk produced in London.

London also receives large supplies of milk from abroad, not to mention the various forms of condensed and frozen milk which arrives in a "preserved" state. It is clear that the adequate prevention of tuberculous infection from this source involves national and even international consideration. Contamination must be prevented at its source unless and until every householder will secure himself by the simple process of boiling.

The Committee expressed the opinion that further legislation is required, but that much good would at once result if every urban and rural authority were to exercise the power it now possesses under the Order of 1899, of examining cows for tuberculous disease of the udder, and preventing the sale of milk from cows found to be suffering from such disease. The Royal Commission recommended that the local authority of a district from which milk was sent to another district should be bound to supply to the local authority of the latter district full information and veterinary reports regarding the cows, byres, etc., whence the milk is brought. The Committee further recommended compulsory slaughter, with compensation in any case where an error of diagnosis occurred.

In the interesting debate which took place in the Council, Mr. Verney moved, and Dr. Forman seconded, an amendment which, while approving the continuance of the inspection of cows in London, would cause a communication to be sent to the sanitary authorities of those districts which supply London with milk, asking what steps they would be willing to take with a view of supplying to the Council the information recommended in paragraph 14 of the report of the Royal Commission on Tuberculosis.

A further resolution was carried directing a bacteriological examination of 100 samples of milk as sold in various parts of London. Dr. Collins recommended that the Council should appoint a bacteriologist of its own, with a suitable laboratory. This, he urged, would be more satisfactory and more economical, having regard to the variety of bacteriological researches in which several of the Committees of the Council were at present engaging.

### THE BRADSHAW LECTURE.

THE Bradshaw Lecture, delivered before the Royal College of Surgeons of England on December 13th by Mr. H. G. Howse, Surgeon to Guy's Hospital, resolved itself into a discourse on the text that the great advances which have taken place in surgery since the beginning of this century

have been due to a more precise knowledge of the causes of disease, and to a consequent greater precision in diagnosis. Mr. Howse, who entitled his address "A Centennial Review of Surgery," had, in order to obtain a view of the state of surgery one hundred years ago, founded himself upon the surgical works of Baron Larrey and Percival Pott, leaving aside the teachings of Hunter on the ground that they were the subject of a biennial discourse before the College. Though Pott died before the century commenced, yet his teaching survived, and influenced the practice of surgery long after his death. Mr. Howse observed that the main advances of the century had been the introduction of anæsthesia, local and general, and of the antiseptic system of surgery, the application of the microscope, ophthalmoscope, and other instruments of precision to diagnosis, and the more recent application of bacteriological investigations to the same purpose. He devoted a large part of his address to the consideration of the different manner in which amputation of a limb is regarded by surgeons of the present day as compared with the view held by their predecessors at the beginning or even at the middle of the century. He recalled the fact that it had even been proposed to abandon such operations and that Pott had written a treatise to combat a view which, at the present day, it is difficult to comprehend. The proposal to abandon amputation was of course founded upon the terrible mortality which occurred after primary amputations, a mortality which was traceable to septic infections. Larrey had indeed argued strongly against the abandonment of the operation, and had advanced a claim that French surgery was in advance of that of other countries on the ground that he had been able to obtain in a large series of cases as high a proportion of recoveries after primary amputations as 75 per cent. But Mr. Howse proceeded to point out that Larrey, though undoubtedly not only a most accomplished operating surgeon but a man who possessed an independent judgment and great powers of observation, was yet hampered at every turn by the want of exactly that kind of knowledge which bacteriology had placed at the disposal of the modern surgeon. He instanced the fact that Larrey had as it were stumbled upon the observation that early excision of the primary lesion of anthrax was commonly followed by rapid recovery. Later on, however, owing to the difficulty of making an accurate and certain diagnosis, Larrey had been led to question his original conclusions, and had in fact, there can be little doubt, confounded anthrax with Oriental plague and possibly with other diseases. The practice had been forgotten and had only recently come again into use. It was now possible to make a definite diagnosis of anthrax by means of bacteriological examination, so that the method of excision was not again likely to fall into discredit owing to its being employed in cases which were not anthrax. As another illustration of the difficulties of a surgeon in the first decade of the century, Mr. Howse drew attention to a memoir of Larrey's, in which he described an epidemic of yellow fever among the wounded in Egypt. Mr. Howse showed good reason to believe that this epidemic was in reality a severe form of septicæmia, which spread with rapidity among the wounded men. He then referred to the precise means of diagnosis in diphtheria and typhoid fever which had been provided by bacteriology, and expressed the hope that in the future the same science might provide a definite means of recognising typhus fever. He quoted from Larrey his account of an epidemic which had occurred in a military hospital. It had been supposed to be typhus fever, but Mr. Howse showed that the cases occurred mainly in certain wards, that all the patients had been wounded, and further that, though introduced into another military hospital in the same town where the hygienic arrangements were better, it did not spread. From this and other considerations Mr. Howse concluded that Larrey

had really had to deal with a severe form of septicæmia, spread from one wounded man to another and not with typhus fever. An accurate means of diagnosing typhus fever might therefore, he observed, be a matter of importance even to surgeons. The whole lecture bore testimony to the value of the services rendered by bacteriology to surgery; but in conclusion Mr. Howse uttered a warning against hasty drawing of conclusions from a limited number of facts, and urged upon bacteriologists the importance of carefully verifying their results before asking them to be applied in surgical practice.

#### UNIVERSITY REPRESENTATIVES ON THE GENERAL MEDICAL COUNCIL.

DR. E. D. KIRBY, writing on behalf of the Executive of the Birmingham and District General Medical Practitioners' Union, has addressed a letter to the Council of Mason University College with reference to the power proposed to be taken by the University of Birmingham, in a Bill to be promoted in Parliament as soon as the charter is sealed, to send a representative to the General Medical Council. The letter points out that the profession at large over which the General Medical Council administers, and from which it draws its funds, yet elects only 5 out of 30 members of the Council. The desire is then expressed "that the Birmingham University should have a broader and more purely medical electorate than the University Council," and "that the representative might be chosen by the medical professoriate and the medical graduates of the University." The reply from Mr. G. J. Johnson, one of the Vice-Presidents of Mason University College, dated December 7th, is to the effect that, as the draft Bill has been settled with the advice of counsel, the Council of Mason University College considers that it should be deposited as it now stands, but that, as the Bill cannot be proceeded with until after the sealing of the charter, it will probably not come on before Easter, so that there is "plenty of time further to consider the question." The reply, however, goes on to state "that there is not the smallest chance of your getting any different electorate than the University, because, by Section VII of the Medical Act, 1886, the like power of electing one representative is given to the Universities of Oxford, Cambridge, London, Durham, Edinburgh, Glasgow, St. Andrews (Dublin) (*sic*), and the Legislature is not likely in the case of Birmingham to depart from that precedent, and give the right of election to a new electorate. I think you will find that the powers given to these universities are really exercised by a small executive corresponding to the proposed Council of the Birmingham University." The action taken in Birmingham raises in a concrete form a subject which has been before the profession for some time. It is raised, moreover, in a form upon which it will be essential to obtain the opinion of Parliament, since nothing can be done to meet the wishes of the promoters of the Birmingham University or of its critics without legislation. The draft Medical Acts Amendment Bill of the Parliamentary Bills Committee of the British Medical Association contained a provision that the representatives of the universities and corporations should be elected by the registered practitioners holding a diploma or degree of the body in question. The provision of the Medical Act, 1858, with regard to the qualification of members of the General Medical Council is extremely unsatisfactory, as it merely requires that representatives of the medical corporations must be qualified and registered under the Act. Any existing university would therefore, as Dr. McVail pointed out last May, technically have the right to elect a layman as its representative. This is an anomalous state of things when it is remembered that the General Medical Council is the governing body of the profession and the last court of appeal on all questions of medical education and registra-

tion. The matter has not arisen since the passing of the Act of 1836, because the only university founded since that date, the University of Wales, put forward no claim to representation, which, indeed, it could hardly have done seeing that it has no medical faculty. The objection will, of course, be urged to the proposal now made that the Birmingham University can have no graduates when it first comes into existence nor for some years afterwards. This difficulty might be met by providing that the election should be made by the medical teachers in the university until such time as the number of medical graduates reach, say, one hundred.

#### MEDICAL ATTENDANCE ON THE FAMILIES OF SOLDIERS AND SAILORS ON ACTIVE SERVICE.

It was stated in the BRITISH MEDICAL JOURNAL of December 2nd that the President of the Council had authorised the issue of a circular to the Secretaries of all Branches of the British Medical Association in the United Kingdom inviting them to organise within the area of their respective Branches a scheme of gratuitous medical attendance on the families of soldiers and sailors now on active service in South Africa. So far replies have been received from twenty-eight of the thirty-eight Branches in Great Britain and Ireland, and we are pleased to say that of these twenty-one are heartily in favour of the movement. Of the others only three absolutely decline (through their Honorary Secretaries) to co-operate. In one case the Honorary Secretary has thought it necessary to call a meeting of the Branch Council to consider the subject. In the case of three others the Honorary Secretaries think it unnecessary that the Branch should take action, as the movement has been taken up independently by the local practitioners. As several correspondents have asked for suggestions as to the mode of organisation, we think it well to repeat that the best plan is for the Secretary of each Branch to put himself in communication with the local representatives of the Soldiers' and Sailors' Families Association, a list of whom can be obtained from the Secretary, Captain Wickham Legg, 23, Queen Anne's Gate, Westminster, S.W. Details can thus be arranged in accordance with local conditions. An essential part of the scheme is to secure the co-operation of chemists, who will supply the medicines prescribed at a nominal price. The Soldiers' and Sailors' Families Association will, we understand, defray the cost of medicines and will also in the case of club patients keep up the payments. A question is raised by one correspondent as to the limits of the medical attendance to be given, and in particular whether it is to include midwifery. We imagine that this form of medical relief is just that which is likely to be most needed. Undoubtedly a burden will be added to the already heavy load of charitable work that the profession has to bear. But the circumstances are such that we believe few will refuse to give their services to the families of the men who are fighting their country's battles in a war which has already cost us some of our best blood and is only too likely to cost much more. It is gratifying to note that the movement has been initiated in several quarters independently. Mention has already been made of the good work done by the Chelsea Clinical Society. At a meeting of the West London Medico-Chirurgical Society, on December 2nd, it was unanimously resolved that the members should undertake to give gratuitous medical attendance to the families of men on active service. A similar resolution has been passed by the Folkestone Medical Society. At Birmingham, Leicester, and Dundee schemes for the same object have been organised. It is difficult to say where or by whom the movement was first started, as it appears to have sprung into being in different places independently in obedience to a patriotic sentiment that does credit to our profession

But we think it right to mention that at a meeting of the citizens of Perth held on November 3rd, Dr. R. de B. Trotter not only subscribed to a fund for providing help for soldiers' families, but offered his professional services to the families of reservists in Perth free of charge. This is the earliest instance of this particular form of patriotic devotion that has come to our knowledge, and it is right to give honour where honour is due.

#### TEETOTALLERS AND INEBRIATE HOMES.

WE continue to receive many letters making inquiries as to homes into which inebriate men and women of the poorer classes can be admitted, but the fact is that at the present time the accommodation is absurdly disproportionate to the demand. One of our most recent correspondents is interested in the case of a workman of intemperate habits, whose family are not in a position to pay for his maintenance and treatment. We asked the advice of a well-known member of the profession who has given much attention to the question, and in the course of his reply he wrote: "Now that powers have been granted by Parliament in connection with inebriate homes, I hope that some effort will be made by people interested in the total abstinence question to undo some of the damage that they are now trying to prevent. Of course all this twaddle about the efforts of teetotalers has been utterly beside the mark up to the present, simply for the reason that they had absolutely no power to act, but with the new law they are in a position to be able to do something, and I hope that something will be done." We believe that this quotation gives expression to an opinion which is very widely held. While there is no desire to belittle the work done by total abstinence organisations, there has been a feeling that they are not doing all that they might be expected to do to provide means for the cure of inebriety among working men and women. We are therefore glad to see, from a letter signed by the wives of the Archbishops of Canterbury and York, and of the Bishop of London, that the Women's Branch of the Church of England Temperance Society has determined to provide a suitable reformatory for those unhappy women who appear again and again in police-courts charged with drunkenness. The reformatory is intended to be for the use of the whole of England, and is to be placed somewhere within convenient reach of London. An appeal is made for subscriptions to a fund of at least £10,000, to build and fit up a reformatory, while the hope is expressed that some landowner may be willing to help by presenting a suitable site. Subscriptions will be received by the Secretary of the Church of England Temperance Society, the Sanctuary, Westminster, S.W.

#### "ROWTON HOUSES."

THE fourth of a series of the "Rowton Houses," or "Poor Man's Hotels" has been opened. In 1893 the first of these establishments was opened at Vauxhall with 475 beds; a second in 1895 at King's Cross with 677 beds, a third in 1897 at Newington Butts with 805. The new building at Hammersmith contains 800 beds. Plans have been prepared for a fifth at Whitechapel with accommodation for over 800. These houses are the property of "Rowton Houses, Limited," and are intended exclusively for the use of males, who obtain all the advantages offered by the company for the sum of 6d. a night. A lodger can stop for one night or longer, payment being required in advance. Lord Rowton's object is to provide working men without a home with clean, comfortable houses, where good food and accommodation could be obtained at the smallest possible cost. These "hotels," however, have become so popular, that they are now used by a class of people who earn more money than was the case when originally instituted. There are many who have to keep up a semblance of re-

spectability with next to nothing to do it on—artisans, clerks, shop assistants, men who are looking for work, and those who have been in better positions in life. All these find a comfortable lodging, where cleanliness, order, and decency are strictly observed. The house at Hammersmith has a superficial area of 44,000 square feet, is built of red brick, and has been erected on a site within 250 yards of Hammersmith station. There is a handsome entrance hall; opening off a corridor running from this is the smoking room, with tables and seats of teak for the accommodation of 164 lodgers. Next door to the smoking room is the reading room, which provides for 176 lodgers; here there are two bookcases, and books are lent on application to the superintendent. In addition to the number of seats provided a number of easy chairs are arranged round the large fireplaces. The walls of these rooms are decorated with pictures. On the opposite side of the corridor are the two dining rooms, in which seats are provided for 464 men, besides numbers of easy chairs. There are four large cooking ranges, with ovens, hot plates, and grills placed well out of the line of traffic, where the lodgers can cook their own food should they desire to do so. Between the dining rooms is a large scullery, with access from both; it is fitted up with fire-clay sinks, hot and cold water, and sanitary pails for potato peelings and tea leaves. All the crockery, cooking utensils, teapots, etc., are free, and after use are collected by the company's officials, and returned on a turn-table to the catering scullery. Bath rooms, feet-washing rooms, dressing rooms, washhouses where the lodgers can wash their own garments, barbers', shoemakers', and tailors' shops, a space for clothes and boot cleaning, and lavatories are also provided. There is also a spacious kitchen, larders, store rooms, etc., besides a sitting room and five bedrooms for the kitchen servants. On the floors above are the dormitories, lined on each side with a row of cubicles, and approached by three fireproof staircases. The disposition of the staircases renders it an impossibility for the lodgers to be trapped by fire in the event of an outbreak, as the cubicle corridors run from staircase to staircase, thereby leaving open a way for retreat should access to one staircase be blocked. At every twelfth cubicle there is a transverse partition carried right across the room from floor to ceiling, with a door in the centre, so that in the case of any infectious disease occurring the doors can be closed at both ends, and the intermediate space sealed and disinfected. The sanitary work has been well planned and carried out. Access is immediately obtainable to any portion underground, inspection manholes having been placed at every change in the direction of pipes and at all junctions. The waterclosets and urinals are cut off from the main building by a cross-ventilated lobby. The seats of these waterclosets are of solid teak, and cannot be raised; this is a mistake, as all seats should be freely movable, especially when in constant use by 800 people of all kinds, sorts, and conditions. This is the only fault to be found in the whole establishment, which is a model of care and forethought. Sixpence covers everything—bed, bath, books, fire, light, and the use of cooking utensils. It may be added that not only have the philanthropic aims of those connected with "Rowton House Limited" been amply justified, but that the company is a sound commercial success.

#### MUNICIPALISING THE FAMILY.

ATTEMPTS have been made from time to time to provide a family home under public management in which the families of those who are at work all day and can leave no one in charge at home might be cared for. In the case of widowers of the artisan class and widows who have to work for the support of young children such a project must appeal strongly to the philanthropic. Whether such a "family home" run by the municipality can be made self-

supporting is an interesting problem in local government. Glasgow has made a valiant attempt to answer the question. The corporation opened such a home in 1896, and some 200 children have been cared for within its walls. The experience of the last three years has, however, shown that apart from any interest or sinking fund on capital there has been a loss on the working of some £400 or £500 a year. It is true that this loss has been swollen by unforeseen expenditure in the shape of the appointment of a medical officer, whose presence was required for due attention to the many ailments occurring in the municipal family. The experiment must arrest our interested attention, but it would be more likely to command imitation if it could prove itself to be self-supporting.

#### RELIEF OF THE AGED POOR.

THERE are many interesting points in the paper read by Messrs. C. N. Nicholson and W. Chance before the South-Eastern and Metropolitan Poor Law Conference on the Poor Law in Relation to the Aged Poor. The Cottage Homes Bill was intended to supply "the necessitous deserving aged poor" of 65 years of age and over with suitable accommodation and maintenance by means of cottage homes, and thus spare them from the stigma of pauperism. It authorised the Council of any borough, of any urban district, or of any parish, with the consent of the County Council, to provide and maintain these cottage homes. The aged poor can be relieved either inside the workhouse or outside, the indoor relief including cottage homes. The powers possessed by the Boards of Guardians seem to be quite unlimited as to the classification of the aged poor inside workhouses, excepting in regard to the separation of the sexes; no married couples over 60 shall be forced to live apart from each other. The Sheffield Union is instanced as classifying largely by the character which persons held before their admission to the workhouse; a classification of outdoor paupers is also made, the amount of relief granted depending upon character. The authors think a much better plan is the classification by separate buildings and workhouses first adopted by the West Derby Board of Guardians. A suggestion has been made that the London Boards shall combine to provide a separate building or group of buildings, like cottage homes, outside London, for the reception of respectable poor who are not able-bodied, and who prefer to go there. There is practically no restriction upon the accommodation and relief that guardians can supply if they choose to do it, and the authors of the paper conclude that the powers now in the hands of the guardians are amply sufficient, if properly exercised, for the relief of the aged poor who become dependent for support on the community at large. The country might, they think, well hesitate before allowing a new Poor Law, in the shape of old-age pensions, to be instituted, without any of the deterrent influences of the present law. The question of old-age pensions is one not easily settled. There are undoubted difficulties in the way of any scheme for providing such pensions. Much can be said in favour of existing institutions, and much can be objected to the expense which the carrying out of any pension scheme must necessitate. We believe, however, that in the long run the most satisfactory plan would be the adoption of some general system of assurance by which the deserving working classes would be supported in case of sickness, infirmity, and old age.

#### THE "VACCINATION INQUIRER" IN DESPAIR.

It would be improper to make any comment on the behaviour of the Leicester Guardians in their treatment of the *mandamus* of the High Court pending the decision of the Court on the subject. But there can be no harm in giving publicity to the view taken of the general policy of the Leicester Board by those whose cause they have been

supposed to be advocating. The *Vaccination Inquirer*, which is the official organ of the Antivaccination League, contains a bitter jeremiad on the way in which, in its opinion, the majority of the Leicester Board have thrown up the sponge, by consenting to elect a vaccination officer. "There would be neither profit nor honesty," it remarks, "in endeavouring to conceal from ourselves or from others the magnitude of the blow that has fallen upon us in this defeat. During the sixteen years of active participation in the antivaccination movement to which we can look back, no heavier news has been brought to us." And the *Inquirer* then proceeds to belabour the *Leicester Post* for the "windy words" it has so abundantly talked about the "better plan of campaign" which the present majority of the Board have inaugurated under its advice, with results which, judging from Mr. Justice Darling's remarks, do not promise much success. Regarding the present struggle between the guardians on one side and the Local Government Board on the other, the *Inquirer* admits that "the contest has closed in the complete triumph of Mr. Chaplin." More in sorrow than in anger, the distressed editor reproaches the Leicester recalcitrants, not because they have failed to show the courage of their opinions, but because they "commenced a resistance which they had no heart to put through." "When prosecutions are again in full swing in Leicester, and when the remonstrances of Mr. Kemp and his supporters are heeded by the Local Government Board as much as they would heed the crying of a Leicester kitten lost in a Leicester street, what," it pathetically asks, "will it avail the middle class in Leicester who are being sold up, and the Leicester poor who are going to prison in defence of their children, that Stoke Pogis or Old Sarum passes a resolution of support?" There is, we must confess, a good deal to be said for this view of the question. But we can only re-echo the hope expressed by Mr. Chaplin at the recent dinner of the public vaccinators, that the vaccination officer who might be appointed at Leicester would perform his duties with "judgment and tact," as well as with efficiency. In that case we may reasonably expect that neither the middle classes nor the poor in Leicester will be so foolish as either to allow themselves to be sold up or to be compelled to go to prison, but that if they really are determined to object to the vaccination of their children, they will avail themselves of the exemption which the Act of 1898 has given them, and thus baulk the wishes of those who have been inciting them to a defiance of the law which, as they must now see, will only land them in ignominious defeat.

#### THE COAL-SMOKE NUISANCE.

ONE of the miseries caused by coal smoke in the atmosphere of London and other cities where coal is improperly burnt, is the delay in transit which ensues during fogs such as those experienced on one or two days recently in the metropolis. That this is a very serious evil to the enormous number of clerks and others employed in London who live in the suburbs can be appreciated, when it is realised that on one of the railway lines to the south of the Thames some trains were two hours in doing a "half-hour" journey in the last fog. As we have stated before, we can never hope to do away altogether with fogs in London, owing partly to the proximity of the Thames, even if all smoke were banished from its atmosphere; but, under such an improved condition as that supposed, the fogs would be far less dense than they are at present, and they would be white, not loaded with black smoke. The delay in the train service would be correspondingly improved. The great loss of precious time inflicted on the travelling public during the black fogs of winter is probably not sufficiently considered in the enumeration of the evils of the smoke nuisance. This particular evil, however, is evidently to be fought in more ways than one, and the Great Eastern Railway has notified that it will

make special train arrangements during foggy weather. Mr. Gooday, the general manager, has issued posters which state that "in order to minimise as far as possible the inconvenience caused to the travelling public by certain trains not being run in foggy weather," certain up and down trains on the various branches of the line ending in London are liable to be cancelled when fogs prevail. The trains affected are numerous and are selected from different periods of the day. This is certainly a praiseworthy endeavour on the part of the company to lessen the unpunctuality which smoke and fogs produce on their line, in London as elsewhere, and suburban passengers will doubtless be grateful for the proposed alterations if only the trains that are not cancelled can thereby be made to keep good time. But that the company should find this the best plan to mitigate one of the many great evils incidentally occasioned by the smoke fiend is surely matter for serious reflection, and we would commend the fact to the attention of the London County Council, which has shown an enlightened interest in matters affecting the daily journey of thousands of workers from the outskirts to the centre.

#### IRISH DISPENSARY DOCTORS.

SOME weeks ago, in writing on the subject of the payment of substitutes for Irish dispensary doctors, we recommended that no one should take the temporary office for a smaller remuneration than three guineas a week. We are glad to learn that the Council of the Irish Medical Association has arrived at a similar conclusion. The Local Government Board has behaved with great firmness upon this question in insisting not only upon the four weeks' holiday, but also upon the payment of three guineas a week.

#### THE LONDON SCHOOL OF TROPICAL MEDICINE.

WE are informed that the first session of the London School of Tropical Medicine has been very successful. The number of students who entered was 28. Of these 14 are medical officers of the Colonial Service, the remaining 14 being medical officers of the army or navy, or surgeons to railways, mines, etc., in the tropics. One student was sent from Germany and another from Belgium. One research student has just commenced special work in the laboratory of the school. There seems therefore to be every assurance that this school which, as we have already pointed out, is an institution of national importance, has before it a future of the greatest public usefulness. The next session opens on January 15th. Intending students who wish to reside in the school buildings should make early application for rooms, as during the present session several men who wished to reside could not be received owing to lack of accommodation.

#### THE CHILDREN'S HOSPITAL, TEMPLE STREET, DUBLIN.

WE are informed that some changes have lately occurred in the medical staff of this hospital. It seems that the Sisters of Charity who administer the hospital recently determined to recast the terms under which the medical officers held their appointments, and with this view the Superioress wrote to the Secretary of the Medical Staff informing him that the members of the staff "hold their posts at the will of the Sisters of Charity," and that any of them who wished to continue in office should sign the following undertaking:

I hereby accept the office of ..... in the Children's Hospital for a period of five years from ..... and I undertake to fulfil the duties of that office, and to hold it only as long as I comply with the rules and regulations made from time to time by the Sisters of Charity who are the Governing Body of this hospital.

(Signed),

The Medical Board unanimously voted that the proposed

changes in their tenure of office would hamper the efficiency of their work and would be injurious to the hospital. At a later date the medical staff discovered that without any notice to them a Consulting Physician and a Consulting Surgeon had been appointed on the conditions of the foregoing undertaking. A date was then fixed by which those members of the staff who wished to continue in office should signify their acceptance of the new conditions. Certain members of the staff decided at the last moment to accept the conditions to which objection had been taken, while the two Visiting Physicians preferred to abide by the original resolution of the staff and accordingly resigned their appointments.

#### CITY OF DUBLIN HOSPITAL.

THE vacancy caused in the staff of the City of Dublin Hospital by the death of Mr. Wheeler will shortly be filled. Already several candidates are in the field, amongst them being Mr. Duffey (son of Sir George Duffey, one of the physicians); Mr. Harry Croly (son of Mr. H. G. Croly, the Senior Surgeon), and Mr. Lane Joynt, Assistant Surgeon to the Meath Hospital.

#### THE DEATH OF MISS HART.

WE notice with great regret the death, on December 12th, of Miss Charlotte Hart, the sister of the late Mr. Ernest Hart. In the early days of his editorship of the BRITISH MEDICAL JOURNAL, Miss Hart was her brother's most devoted assistant and amanuensis. The services which she thus indirectly rendered to the Association deserve to be held in grateful remembrance. She had herself considerable knowledge of medical literature and affairs. Her well-balanced judgment caused her to be respected by all with whom she was brought into contact, while her genuine character earned for her the affectionate regard of those who knew her well. Miss Hart had been for some years in failing health, and her death at the age of 70, though it leaves a sense of loss to her friends, cannot be a source of surprise to them.

#### THE PURITY OF THE WATER SUPPLIED BY THE THAMES WATER COMPANIES.

PROFESSOR CORFIELD, in his report as the medical officer of health for the parish of St. George Hanover Square for the year 1898, which has been issued recently, publishes a correspondence which took place during the early part of the current year between himself and the analysts of the London water companies deriving their supplies from the Thames. The correspondence is very significant, as indicating the considerable divergence of opinion which exists amongst recognised experts on the subject of what constitutes a safe water supply. In a report to his authority in February Professor Corfield reminded them that for many years he has pointed out that enteric fever was often unusually prevalent and fatal in London during November, December, and January, notwithstanding the fact that these are not the months for the "seasonal prevalence of the disease;" and he expressed the opinion that it may be something more than a coincidence that in those very months London is supplied with water which, according to the late Sir Edward Frankland's report, contains "an excess of organic matter." In answer to this, Sir William Crookes and Professor Dewar replied that all river-derived supplies have a period of maximum and minimum amount of organic matter during the course of the year, and that the water was "bacteriologically purified to the extent of over 99 per cent. from its natural condition, thus removing the suspicion of the possibility of its conveying any waterborne disease." This roseate view of the situation is not shared by Professor Corfield, who replied to the effect that if there

is nothing exceptional in the occurrence of an excess of organic matter in the water in winter, then the water in winter is generally polluted. He further demonstrates from the results of the late Sir Edward Frankland's examinations, that the filters are not always effectual barriers against the passage of bacteria, and quotes the experiments of Drs. Parkes and Rideal, which showed that the methods of sand filtration pursued by the companies are ineffectual in eliminating from the filtered water microbes of which the common resting place is sewage and animal excrement. Doubtless, the standpoint which Professor Corfield adopts is the safer and the more scientific; for there must be an element of danger attaching to the supply of a water taken from sources inevitably exposed to contamination, and subsequently submitted to a system of purification which does not invariably eliminate all bacterial evidence of sewage and animal pollutions. This conclusion was also arrived at by the Public Health and Water Committees of the London County Council.

WE understand that Professor Ogston, of Aberdeen, who intends to sail for Capetown on Saturday, will travel in South Africa in his private capacity.

THE Council of King's College has appointed Professor N. I. C. Tirard, M.D., to the Chair of Medicine vacant by the resignation of Professor I. Burney Yeo, M.D., and Dr. W. A. Turner to be an Assistant Physician at King's College Hospital.

THE *Times* correspondent reports that Sir William MacCormac and Mr. Treves, with a large ambulance staff, arrived on December 11th at Frere Camp, between Estcourt and Colenso.

OUR special correspondent in Capetown informs us that owing to the utter disorganisation of things medical consequent upon the war, the South Africa Medical Association is contemplating suspending the publication of its *Journal* for six months.

At the meeting of the Royal Meteorological Society on Wednesday next, at 7.30 P.M., Mr. Baldwin Latham, M.Inst.C.E., will read a paper on the Climatic Conditions Necessary for the Propagation and Spread of Plague. The meeting will take place at the house of the Institution of Civil Engineers, 25, George Street, Westminster.

LIEUTENANT H. E. M. DOUGLAS who was among the wounded at the last battle at the Modder River entered the Royal Army Medical Corps only last July. Major C. H. Burtchaell, R.A.M.C., who was taken prisoner on the same occasion entered the service in July, 1891, and served in the campaign on the North-West Frontier of India in 1897, and with the Tirah Expeditionary Force. For his services he was mentioned in despatches and promoted to be Surgeon-Major.

WE owe the distinguished Editor of the *New English Dictionary on Historical Principles* a humble apology for having tampered with his name in a manner that might suggest that we had been attempting a conjectural emendation of the kind which textual critics of the old school were wont to characterise by such adverbs as *perperam* and *inepte*. We have to confess that when we referred to him as "Dr. John Murray" we spoke in our haste. The error is of no consequence to anyone but ourselves—least of all to Dr. James A. H. Murray, whose name is a household word throughout the whole literary world.