

important step has been taken in the same direction since the friendly societies and sick clubs have come to recognize venereal disease as entitling the member not only to free medical help, but also to sick pay. Hitherto this was not the case. The social importance of this measure can be easily understood, as formerly such patients resorted to quacks instead of procuring competent advice. As yet, the effect of these measures cannot be seen in the statistics. On the contrary, more cases than formerly are reported from hospitals; but it is very likely that only increased knowledge of the dangerous nature of the disease brings the patients there.

A series of 1,200 mountain climbers has been examined by Dr. Schneider with a view of ascertaining the effect of alcohol on their climbing capacity, and a series of questions has been put to many others. The main points of the inquiry were: Do you habitually consume alcohol? Do you drink any of it on your mountain tours? When and how much do you take? Do you drink it to quench the thirst or to gain strength? What were its effects on strength, body temperature, and psychical conditions? The conclusions arrived at by Dr. Schneider are that it is advisable to consume no alcohol on the eve of and at the beginning of a climbing tour. As long as continuous efforts and difficulties are to be expected no alcohol should be used. Only for a special effort of mind and body (for instance, to overcoming a final obstacle) may a dose of alcohol be advisable. In accidents, when a stimulant is required in mountain disease, shock from a fall, alcohol is useful. In descending, when all difficulties are overcome, and when only automatic movements are necessary, many mountaineers find a small dose of brandy a good restorative. The action on the body temperature is to lower it, and on no account should alcohol be used to relieve thirst. The sensation of fatigue after a prolonged tour is best combated by taking a small quantity of good cognac or whisky at the first meal after a short rest. The best beverage during the tour has been pronounced by the majority to be cold coffee and sugar.

A magnificent building has just been completed which will serve as part of the new institutes devoted to the researches required by the extension of modern science. At a distance of a few minutes' walk from the general hospital, a four-floor building with three large fronts has been erected. Therein will be situated the hygienic institute, with Professor Schattenfroh's lecture hall, the institute for the history of pathology with a large museum, the serum therapeutic institute (under Professor Paltauf), and the institute for examination of foodstuffs. In the centre block are two large lecture halls, each accommodating 250 students. In the courtyards and also on the top floors, and under the roofs of the house, stables for the animals used for experiments have been erected. The arrangements are the result of very extensive studies of similar institutions made during the last five years. The cost amounts to upwards of £150,000. During this autumn and winter only a few of the buildings will be used, but next spring all the institutes will be ready for use and they will then be formally opened.

CORRESPONDENCE.

THE TRAINING OF SCHOOL TEACHERS IN HYGIENE.

SIR,—At a crowded meeting in Section IV, and also at the general meeting of the International Congress of School Hygiene, a resolution to the following effect was put forward by me and carried unanimously:

That practical and theoretical instruction in personal and school hygiene should form a regular part of the curriculum of all institutions in which students are trained to become teachers in schools of all grades.

Greatly fearing that my resolution may have the fate of other resolutions and be relegated to the pigeonholes—on this occasion of the Sanitary Institute—I venture to hope that it will be considered by all the Divisions of the British Medical Association; for there is no doubt that if an authoritative pronouncement is made by the medical profession, which has already done so much to forward the movement, and whose members will eventually play such an important part in the medical inspection of training colleges and afterwards of elementary schools,

in support of this resolution, we shall at once get what we ask for from the Board of Education.

I feel strongly that if the teaching of hygiene is introduced into training colleges—and this would naturally be included in the medical inspection of the students—medical inspection of elementary schools will, when its turn comes, be carried out on the very best lines, because we shall have healthy teachers capable of assisting the doctors intelligently.

I also feel strongly that in order to induce the Board of Education to give its consent it is very urgent that this resolution should be presented alone. Successive Ministers have promised that hygiene shall be taught in the elementary schools, provided we assure them that we have teachers qualified to teach it. We are asking for the means to carry out this condition, which is after all quite reasonable.—I am, etc.,

August 20th.

AIMÉE WATT SMYTH.

THE INTERNATIONAL CONGRESS OF SCHOOL HYGIENE.

SIR,—It is interesting and profitable to consider the fundamental significance of this and other recent health congresses. They indicate one of the great movements of the times. You call it well, the awakening of the sanitary conscience of the nation. Dr. Jones of Claybury has surely struck a note which will arouse the members of our Association to take their obvious part in it.

The industrialism of the last century, while making the British people rich and numerous, has also made them deteriorate physically. Their rural physique has largely become an urban one.

This deterioration has reached a stage when a few, but fortunately a rapidly-increasing number of, thoughtful persons are becoming unhappy and restless about it. This for two reasons—(1) the humanitarian one, that there is much life-shortening disease and much suffering which they feel could be prevented if their own knowledge were utilized and spread; (2) the patriotic or geographical one, that in a few generations more Britain may not be able to hold her own in the ever-pressing, ever-changing struggle of the nations.

The remedy for our deterioration is not exactly to remove the cause, for that might be taken to mean deserting manufactures and getting back to the land. We may see a few thousands being induced back to agriculture, but our millions must continue to work industrially. The remedy, therefore, is to make our industrial life as nearly as possible as healthy as an open-air country life, and it is up to this ideal that we are called upon to educate the people.—I am, etc.,

London, Aug. 21st.

B. DUNLOP.

THE EARLY NOTIFICATION OF BIRTHS BILL.

SIR,—While all your readers will doubtless be ready to receive with great respect any opinion expressed by the Annual Representative Meeting and endorsed by Sir Victor Horsley, the claim of these authorities to expound the mind of the medical profession in reference to the Early Notification of Births Bill is surely somewhat excessive. So far as I am aware, this Bill has not been considered by the Divisions of the Association, and therefore the Representatives—at least, in their capacity as delegates—had no title to deal with the question. Hence, however important may be their finding as an expression of personal opinion, it can hardly pretend to be the voice of the Association, much less of the "medical profession." In any event, it is to be hoped that the profession will not accept the Representatives' view that the sole objection to the Bill is the absence of any provision for the payment of fees to those on whom the duty of notification is to be imposed. What the Bill proposes to do is to convert, for a particular purpose, the private medical adviser of the patient into a public or State official, bound under penalty to carry information in reference to his patient's affairs to certain public authorities. In doing this it necessarily invades the confidential relationship which exists, and which it is in the public interest should continue to exist, between patients and their medical advisers. Surely in the maintenance of this relationship is a principle which the profession desires to affirm not less emphatically than the justice of State payments for public services. The early compulsory notification of births may be a policy of the greatest value and importance. But

when it is proposed to carry out this policy by compelling the confidential adviser of the patient to hasten from his patient's bedside to proclaim to certain officials what has transpired in the sick-room, both the traditions and true responsibilities of the profession would appear to be disregarded. To such a demand the profession may well object, and, at least in my judgement, it is this objection, rather than the "principle" of the Representatives' resolution, that should be put in the forefront.—I am, etc.,

London, W., August 21st.

C. O. HAWTHORNE.

SIR,—In the report of the International Congress on School Hygiene appearing in the current number of the BRITISH MEDICAL JOURNAL there occurs, on page 400, a very interesting passage.

The Registrar-General could not allow registrars of births to distribute cards containing instructions with regard to ophthalmia neonatorum to persons registering births, on the ground that some additional fee would be necessary. The cards would have been sent to the registrar, and all the work necessary would have been for him to hand one over along with the vaccination paper; yet this "work" would have necessitated an additional fee.

Compare this with the attitude of Mr. John Burns and the Government towards the medical profession in the Early Notification of Births Bill. We are to be compelled, under a penalty of 20s., to write out a certificate and post it to the registrar in every case of birth we attend. The Bill, of course, says, "failing notification by the father." This means, either that we must notify every case or else take the trouble of satisfying ourselves that the father has done his duty; and as the former course would be least trouble it would end in our adopting it. And for this we are to receive no remuneration. We have to do it for the honour and glory of the thing.

The public are very ready to admit we are a noble profession; in fact, on occasion they rather like insisting on it and laying great stress on it. We, on the other hand, are very fond of hearing it, and apparently so well satisfied with hearing that the public have got into the habit of acting as though cash remuneration is about the last thing we think of. And so it comes about that the poor Irishwoman in the slums thinks her medical attendant is well repaid for his services with a "God bless you" and a "Lord love you"; that hospital Boards expect the most devoted attention to the sufferers for whom they provide; that Mr. Benjamin Broadbent holds up his hands in shocked surprise (see JOURNAL of August 10th) when we protest against being compelled to perform some one else's duty without remuneration; and Mr. John Burns actually proposes to inflict a penalty on us for falling to do it. The Local Government Board already have us certifying deaths for nothing, now they want us to register births on the same terms.

This is essentially a general practitioner's question, and it is incumbent on every Division to discuss this Bill seriously and protest against it. And, lastly, if it should pass into law in its present form, we must if we have any regard for our interests, combine in absolutely refusing to carry out this provision.—I am, etc.,

Ashton-under-Lyne, Aug. 18th.

SAMUEL CRAWSHAW.

SIR,—I find it difficult to understand how Sir Victor Horsley can so completely miss the point in dispute between the medical profession and the promoters of the Early Notification of Births Bill.

If the medical profession were called upon to render professional services by this Bill, they would be fully entitled to claim remuneration; but a moment's consideration shows that they are not called upon to render professional services. Obviously it does not require medical skill to state the fact that an infant has been born.

This point is so simple and plain in the minds of members of Parliament with whom I have conversed on the subject, that any attempt to avoid it or to minimize its significance must be futile.—I am, etc.,

Huddersfield, Aug. 21st.

S. G. MOORE, M.D.,
Medical Officer of Health.

LIVERPOOL HOUSING.

SIR,—If M. Ferrand really told the *Morning Post* reporter that "he was far from satisfied with what he saw in Liverpool"—of which I have doubts—the remark is not in accord with his statements when the Congress visited Liverpool. He and others expressed the highest approval of our system of rehousing the poorest and the most needy, and of the moral and hygienic results thus far attained. It is not true that the drunkenness and dirt which occur in the slums exist equally in our Corporation dwellings; such a statement is the reverse of the truth. Whatever the *Morning Post* reporter may say, the fact is that any of these tenants who are drunken, disorderly, or dirty, after due warning, are required to leave.

M. Ferrand saw no one drunken or disorderly, nor did he see filth or uncleanness in any of our Corporation dwellings. It is true that, alas! many of the dirty children and other occupants of adjacent slums crowded round our visitors; but these remaining slums and their inhabitants we hope to deal with as speedily as expenditure and the Local Government Board will allow us.—I am, etc.,

RICHARD CATON, M.D., F.R.C.P.,
Chairman Housing Committee.

Liverpool, Aug. 19th.

ASSISTANT HEALTH OFFICERSHIPS, BOMBAY.

SIR,—I see in the BRITISH MEDICAL JOURNAL for August 17th an advertisement from the Bombay Municipality for two assistant health officers, one to be paid Rs. 750 rising to Rs. 1,000 per mensem, and the other Rs. 600 rising to Rs. 750.

The advertisement says nothing about length of service, leave to be granted, or notice of termination of services. Are these assistant health officers to be liable to dismissal at a moment's notice? Intending candidates unacquainted with the East would do well to make inquiries concerning cost of living in Bombay. The place has a name for exorbitant house-rents, probably no decent house can be got for less than Rs. 200 a month. Sharing a house with one or more men, even if one is a bachelor, has its disadvantages. Cost of servants must be considered—bearer, cook, syce, waterman, sweeper are all necessary. A pony and trap are an absolute necessity, not a luxury. Pony, trap, and harness, even if bought second-hand, will cost at least Rs. 500 to Rs. 600. It would be well to take out some English harness. "Country" leather is untrustworthy. Clothes had better be bought in Bombay. Money spent on an "outfit" at home is money wasted to a great extent. A couple of flannel suits and some pairs of brown boots would be useful, however. A new arrival should be prepared to spend from Rs. 200 to Rs. 400 on clothes for a start.

Income tax is always deducted from pay—5 pice in the rupee—so one receives Rs. 584 as 6 instead of Rs. 600. The advertisement, moreover, does not state the amount and frequency of increase of pay from Rs. 600 upwards. Is there an annual rise of Rs. 50 per month?

One may be able to live with care on Rs. 600 per month (£480 per annum) in Bombay, but personally I consider one is better off at home on £250 a year.—I am, etc.,

Brockley, S.E., Aug. 17th.

W. K. BREWER,
Late Health Officer, Mandalay Municipality.

THE OLDEST EDINBURGH MEDICAL GRADUATE.

SIR,—In your issue of August 17th I see that at the graduation ceremonial in Edinburgh Sir Ludovic Grant stated that Dr. William Bayard, of St. John's, New Brunswick, had reached the age of 93 years this month, and thus, as far as he knew, there was no one who could challenge his title to being regarded as the patriarch of the whole vast tribe of the Edinburgh graduate throughout the world.

Whilst congratulating Dr. Bayard on his longevity and good health, I dispute his right to this title.

I also graduated on August 1st, 1837, but was born in December, 1813, and am therefore eight months older than Dr. Bayard.

I may also state that I am writing this without the aid of glasses and in full possession of all my faculties.—I am, etc.,

Exeter, Aug. 21st.

WILLIAM DASHWOOD KINGDON.