

Correspondence.

THE POOR LAW REPORT AND THE SANITARY MEDICAL SERVICE.

SIR,—My letter in your issue of September 25th appears to have aroused an extremely interesting discussion. Unfortunately those gentlemen who criticize me seem to have regarded my letter as an *article* written in support of the Minority Report rather than as a mere reply to your leader upon the subject. It would be easily possible to make a most convincing article upon the report in question, but it should be remembered that in my letter I restricted myself entirely to the points that were raised in the above leader, and endeavoured to prove that the statements made therein were evidently based upon a very cursory examination of the scheme that was being subjected to criticism. It is a curious fact that none of the letters attempt to show that the Majority Report offers anything more favourable than the Minority Report.

Dr. Greenwood, in his courteous reply, makes a rather misleading use of the word "gratuitous." I would suggest that the term "gratuitous work" should be restricted to that work for which a doctor gets no pay. If this is done, I agree altogether with Dr. Greenwood that "the great evil in our profession is the amount of gratuitous work given to the public." Adhering to this definition, it is obvious that the Minority Commissioners do not propose to increase this gratuitous work, but rather to abolish it altogether, and to pay properly for all work done for poor people. Under such an arrangement, medical practitioners would probably lose work for which they were in the habit of receiving no pay at all. The remunerative work, in all probability, would be left them in its entirety, and it is difficult to understand that there would be any "competition on the part of the State." Patients who could pay for treatment would not be attended or treated without fee, and so there would be no necessity for the independent practitioner to reduce his fees. Also, unless human nature alters very rapidly, the "sixpenny doctor" would for many years continue to flourish, because poor people would probably continue to look askance more or less upon treatment that they could obtain without fee. I must repeat "that it is obvious that the total remuneration from the public to the medical profession would be enormously increased," because work that is at present being done either gratuitously or for insufficient pay would, under the Minority scheme, be adequately paid for. I also contend that the Poor Law medical officer would be better off, and would do his work under vastly improved conditions under the Minority Scheme, and he would have just as much chance 'to get all the plums' as any one else. Probably Dr. Greenwood will tell us what plums are within his reach under present conditions, or would be available under the Majority Report. Very many Poor Law medical officers have personally assured me that their work is miserably paid for, and is done under most unsatisfactory conditions. The Majority Report offers a continuance of these conditions, and an extension on the lines of "club practice." Is this an attractive prospect to the Poor Law medical officer? On the other hand, the Minority scheme offers completely reformed conditions, including better pay and the possibility of doing good work.

Dr. Gough appears to find the present condition of Public Health work in small districts to be pleasant but underpaid, and suggests that the members of the profession have themselves to blame for this. I think if he were to confer with a number of part-time medical officers of health of rural and small urban districts, he would find that the conditions are much as I described. They would tell him that if they were to do the amount of work that they consider to be necessary in the interests of public health, their services would be not so well paid for as those of club doctors. The disheartening work that Dr. Gough refers to in club practice and practice among the poor would be largely eliminated under the Minority scheme. The average part-time medical officer of health finds it impossible to do "honest and conscientious sanitary work." If he did, he would have little time left for practice, and would not only lose income, but his post as well. Conditions under which one is unable to do one's duty are, I repeat,

degrading. By this statement I do not mean to make the slightest reflection upon the holders of such posts. In fact, I have a great admiration for the ability of many of them, and am sure that, given proper conditions, they would do splendid work in the public service.

Dr. Gough's estimate of the salaries of such a staff as would be necessary for the working of the Minority scheme is obviously based upon some present figures. I have already pointed out that the demand for qualified men would be so great that the profession could dictate its own terms. I should imagine that there would be no difficulty in securing a minimum salary of £500 a year.

It is rather difficult to follow the letter from the "M.O.H. of a Combined District." It would have been more convincing if he had disclosed his identity, and it would then probably have been unnecessary for him to have referred to his "experience of administration on a large scale," and his acquaintance with the work "in some large towns." When he says that Dr. Downes's scheme would only take away from the medical officer of health his education work, I must merely ask him to read the scheme again. The present whole-time medical officers would in all probability find very slight alterations in their conditions of work, and any alterations would be in the way of improved conditions. Those among them who have shown powers of organization and administration would have a strong claim for the senior posts under the Minority scheme. I was obviously unfortunate in my use of the term "local assistants," but it is difficult to find better. The conditions of the appointments are not likely to be *infra dig.* for any of the present holders. Possibly the only differences that a whole-time medical officer of health to a combined district would find are that he would report to the County Council instead of to several small district councils, would have a secure appointment, would in many instances be better paid, and would stand better chances of promotion. His recommendations would, moreover, be much more likely to be carried out. If "M.O.H. of a Combined District" had had some experience in county work and administration, he would realize that the suggested additional work could be undertaken quite easily without unduly pressing upon the members of county councils.

Dr. Bristowe appears to imagine that merely to state that the Minority Report is "pure socialism" is sufficient to condemn it. "Arguments" of this kind are not convincing to many, and it will go badly with the profession if it allows political bigotry to influence its attitude towards a scheme that contains the possibility of the dawn of a new era of prosperity for the profession.

It is not my wish, at this time, to discuss the Majority scheme, especially as you have in your issue of October 9th pointed out some of the insidious suggestions that are made in it. To many it appears as an elaborate attempt to exploit the medical profession, and to continue and extend all that is so disheartening and unfair in the present Poor Law work and in club practice.—I am, etc.,

Winchester, Oct. 11th.

ROBERT A. LYSTER.

SUPERANNUATION OF POOR-LAW OFFICERS.

SIR,—Your correspondent, Mr. Nicholls, may be quite right in his contention that I have overstated the claim of a Poor Law officer to compensation under the Superannuation Act on the abolition of his office. According to one interpretation of the Act, he would only be entitled to a return of his contributions, but it seems to me the Act might be construed differently. Section 8 defines a number of cases where a return of all moneys paid towards the superannuation fund shall be made, *provided the officer shall not have become entitled to a pension.* Section 2 makes "permanent infirmity of mind or body" a good title to superannuation, provided the condition laid down in Section 3 is fulfilled, namely, that the officer has completed ten years' service.

It, therefore, seems not unreasonable to assume that the words "entitled to superannuation" might mean, if an officer have served more than ten years. As "bodily injury," necessarily including permanent sickness or disease, is specifically mentioned in Section 8, and it is well recognized that officers who have become permanently disabled by "bodily injury" after ten years' service are entitled to, and in many instances have received, a *pro rata* pension, unless the reading I suggest is true, it is not

clear why "bodily injury" is mentioned in the section, except to indicate that loss of office for any of the causes laid down in this section was to be treated in the same way as if the said loss arose from "bodily injury." Surely, it is not unnatural to imagine that the legislature might intend that where a Poor Law officer was deprived of his office for no fault of his own, but for public reasons, he should receive the same treatment as if he lost the same office on account of bodily injury or disease.

I do not know of any legal decision on this point, and if my view is erroneous the position of the Poor Law officer is worse than I stated it to be in my address to the Metropolitan Relieving Officers' Association.—I am, etc.,

London, N.E., Oct. 16th.

MAJOR GREENWOOD.

THE REPRESENTATIVE MEETING.

SIR,—At the risk of troubling your readers with some ancient history, I must ask to be allowed space in your columns to comment on a certain resolution of the last Representative Meeting, in connexion with which I find that my action has received, for various reasons, much adverse criticism.

As a part of the Report of the Hospitals Committee, Dr. Pope moved the following resolution:

That in the opinion of the Representative Meeting no fresh public medical institution should be opened without previous consultation with the local medical profession through some organized body such as the local Division of the British Medical Association.

Upon which I moved an amendment to omit the words "some organized body such as." As time was pressing I did not make any remarks as to the desirability of the amendment or its meaning, a course I now much regret, as its real object was not grasped by the Representatives; but Dr. Pope's suggestion, in opposing it, that the meaning was to prevent other bodies being consulted was, to judge from the discussion, accepted by the meeting. The resolution as I would have had it amended reads thus:

That in the opinion of the Representative Meeting no fresh public medical institution should be opened without previous consultation with the local medical profession through the local Division of the British Medical Association,

and would seem to be quite unobjectionable and explicit. Neither Dr. Pope nor any other speaker attempted to show how this would prevent any action of any other organized body; indeed, it could not, as, of course, the Association has no control over them, nor over any person or persons who might wish to consult them. Nevertheless, Dr. Pope's suggestion that this prevention was the object of the amendment has been followed here as the correct explanation, and I have been criticized adversely for moving the amendment. The object was to secure that the Divisions should have the opportunity of discussing the desirability of any new public medical institution. I hope other organized bodies will also discuss the question, but would remind my critics that, so far as I know, no other organized body has the machinery to make its opinion of a proposed institution, if unfavourable, of any force in a similar manner to those Divisions which possess the "Bradford rules." Moreover, in many parts of the country there is no semblance of local medical organization apart from Divisions of the Association.

There has recently been started in Birmingham a provident dispensary scheme, which may or may not be a good thing, but about which no organized body was consulted, not even the local General Practitioners' Union, a body which has, for a local one, a very strong organization. It is well known that a considerable number of practitioners objected to the scheme, perhaps a majority, but they were not consulted at all, and therefore had no opportunity of rejecting or improving it. It was with this instance in my mind that I moved the amendment, with the idea of strengthening the hands of the general practitioner, and not with the intention of injuring the Union (of which I am an old official and one of its first members) or any other organized body of the profession.

There is one other point upon which my action has been criticized which is, perhaps, of more general interest, and which is sure to recur in the future in the history of the Representative Meeting. My instructions from the Division were to support the Report of the Hospitals Com-

mittee, and it is contended that the moving of this amendment was an infraction of the instructions. In the letter I quite admit that this was so, but, seeing that the amendment was only intended to increase the power of the Association, which was the trend of the whole report, I believed that in the spirit I did not go farther than my Division was willing that I should.

At any rate, it must be obvious to any Representative who has been instructed by his Division that he must from time to time depart from the letter of his instructions. In which case I trust he will receive from his electorate a generous construction of his transgression.—I am, etc.,

E. D. KIRBY,

Representative of the Central (Birmingham) Division.
Edgbaston, Oct. 19th. British Medical Association.

MUNICIPAL ESTIMATE OF THE VALUE OF MEDICAL SERVICES.

SIR,—At a meeting of the South-West London Medical Society held to-day at Bolingbroke Hospital the enclosed correspondence was brought before the members, and they, feeling that it was a matter which should be brought before the profession at large, asked me to forward it you for early publication.—I am, etc.,

LEONARD S. McMANUS,
October 13th. President, South-West London Medical Society.

Metropolitan Borough of Wandsworth,
Council House, Wandsworth, S.W.,
October 4th, 1909.

Dear Sir,—A Committee of this Council have under consideration the desirability of retaining the services of a medical practitioner in each of the five districts into which the borough is divided to examine the Council's employees who claim sick allowances in cases of accident or illness, and to certify whether or not they are capable of discharging their duties.

Before making a recommendation on the subject to the Council the Committee are desirous of ascertaining the approximate cost of the proposed scheme, and from inquiries which have been made the following appear to be suitable fees for the work:

(a) If the employee attends at the medical practitioner's surgery, 1s. per case for each examination and report.

(b) If the employee is unable to attend at the surgery and the medical practitioner visits him at his home, 2s. 6d. per case for each examination and report.

Wherever possible, the men would be required to attend at the medical practitioner's surgery for the examination, but in some cases it would be necessary for it to take place at the men's homes or elsewhere.

With the view of assisting the Committee in coming to a decision on the subject, I shall be obliged if you will inform me whether you would be willing to undertake the work referred to in the district No. 1, shown on the enclosed map, on the terms above mentioned. Kindly return the map when you reply.

I am, dear Sir, yours faithfully,
HEN. GEO. HILLS,
Town Clerk.

Dr. B. Duke.

REPLY.
Windmill House, Clapham Common,
October 11th, 1909.

Dear Sir,—While thanking you for so kindly submitting to me the list of fees offered by the Council for examining and certifying their employees, I must respectfully decline such a tempting offer. I can only regret the Council have such a contemptible opinion of the value of a medical man's time.

I am, dear Sir, yours faithfully,
B. DUKE.

Henry Geo. Hills, Esq.

THE UNIVERSITY AND THE MEDICAL SCHOOLS OF LONDON.

SIR,—Mr. Wallis, when opening the session at Charing Cross Hospital, utilized his opportunity to set forth his views concerning London University in a very drastic manner; but many who read his speech, and also your article on the same subject, must absolutely disagree with the views there expressed, and it behoves the graduates and undergraduates of the university who have attained their relative positions with considerable extra study and self-sacrifice, to resist with all their energy any lowering of the standard of what is recognized as one of the "higher qualifications."

The view is absolutely wrong that accuses the matriculation examination of being the cause of the relatively increasing popularity of provincial universities. I speak with the authority of one who was educated at a provincial university as an external student for the London degree.