

equal parts of blood plasma and 1 per cent. sodium citrate in normal saline solution and stored at a low temperature in paraffin-lined amber-coloured ampoules.

Nottingham, July 13th.

LYN DIMOND.

#### ROYAL MEDICAL BENEVOLENT FUND.

SIR,—Behind all facts and all arguments about whether the Royal Medical Benevolent Fund or Epsom College should have a particular legacy there is a broader question—Does the profession do its duty, or a tithe of its duty, in the matter of supporting these two medical charities? We all know that most medicos are poor, and are generous in attending poor patients for little or for nothing. Still, have not the charities of a man's own calling the first claim on his philanthropy? Poverty is relative, and surely most members of our profession could, if they chose, give half a guinea, or even a guinea, a year to medical charities which are so necessary, for many reasons, as these.—I am, etc.,

Brent Knoll, July 13th.

J. W. PAPILLON, M.R.C.S.

#### POISONING BY BEETROOT.

SIR,—Dr. J. Johnstone Jervis's memorandum in the *JOURNAL* of June 27th (p. 1408) on acidosis and hepatic disorder is of special interest to me while studying the physiological action of foods. I find it necessary to cease for a time using any article of food whose action I wish to test. By taking a big dose when I resume taking it, its physiological action on me is easily ascertained, and by repeated experiments in that way alone is it possible to learn what should have been known long ago. Dr. Jervis had no doubt the beetroot was the cause of the alarming symptoms which he describes, and he is not afraid to confess his ignorance when he says: "But what particular element in the composition of that vegetable, and the nature of the changes brought about by it in the tissues, I cannot tell." We know the physiological action of tobacco pretty well from our first attempts to smoke, but the system gets used to it if its use is persevered in, unnatural as it may be to use it. But for that power of the system to accommodate itself to almost anything put into the stomach, many of our articles of diet would not be used. The Yorkshire farmer on return after his first visit to London, being asked how he had got on, said: "The first night we had lobster to supper, and my stomach refused to keep it, but determined to show who would be master, I gave it lobster every night, and it never refused it again." It is probable that if the child had been fed on beetroot, when it recovered, it might, like the lobster, have been retained and its ill effects never suspected. I remember asking an old shepherd among the hills as to his experience of tea. He said, "I never tasted it till I was 20 years of age, when it made me ill, and I never took it again." He was wiser than the Yorkshire farmer, for when the action of tea is studied and known, it will be found to be the unsuspected cause of mental, as well as physical symptoms. We are being told about vitamins and deficiency diseases, which shows that we are beginning to know our ignorance as to the action of food (which is the first step towards knowledge), but there is danger, that a little knowledge of the action of some foods, may induce some to use them as drugs are now used, merely to relieve symptoms, instead of trying to find out the natural food of man, by living on which he will never ail, and die of old age alone. We know something of the grape cure, a careful study of which might be helpful in our search for our natural food. In California some families are known to live on fruit and nuts alone, and though very different in appearance from other people, are said to enjoy exceptionally good health and to be much more active than mixed feeders.—I am, etc.,

Denholm, Hawick, June 29th.

JOHN HADDON, M.D.

#### THE D.P.H. AS AN ESSENTIAL FOR MEDICAL REGISTRATION.

SIR,—The time has come when no medical man should be placed on the *Register* unless in possession of a Public Health diploma. I am of opinion that the General Medical Council should lay down that after the year 1919 they would not register any person without such diploma.

It seems wiser for our own controlling Council to do this voluntarily than to be compelled to do so by some

outside agency, as will surely be the case. I cannot myself imagine a man practising medicine without such knowledge, whether without or with a diploma. No doubt many men do understand health matters, but we have now to render it compulsory by legal enactment. The moment this is done the teaching of physiology would be brought closer to hygiene. Pathology would also be more clearly understood. Chemistry would be expanded in its outlook, and even the practice of medicine itself would widen its scope.

The study of health laws and regulations would give to the medical student a deeper interest in State regulations, and a fuller conception of their civic duties would come to all medical men. So educated we could meet the modern State in a better position for defence against it or co-operation with it. Closely allied with such civic teaching would come those ethical lectures so needful in the training of the medical man, fitting us better for those weighty responsibilities which, avoid how we may, are certain to fall to our lot. No ethical teaching whatever is given to us to-day.

What the Army Medical Service began half a century ago may now surely be followed up by the medical profession as a whole.

When well-nigh fifty years ago I heard Edmund Parkes, beautiful as a Greek god, give his hygiene lectures, although I held a medical and surgical qualification, the matter was a complete revelation to me. Never once had I heard health lauded in all my student days till he spoke. Let us all follow in his train.

During the student's holidays yearly he could put in practical work at health studies in our municipalities, and so avoid the delay of special post-graduate study, as is now the case. The change of scene and work would be as good as a holiday. It would be necessary to bring all public health training of medical men under the inspection of the General Medical Council, and the State would nominate to membership of that Council certain public health specialists.—I am, etc.,

G. J. H. EVATT, M.D.,  
Surgeon-General.

London, S.W., June 25th.

## Public Health

AND

### POOR LAW MEDICAL SERVICES.

#### POOR LAW MEDICAL OFFICERS' ASSOCIATION OF ENGLAND AND WALES.

(Concluded from page 103.)

##### *The Future of the Poor Law and the Poor Law Medical Service.*

AT the annual meeting of this association in Burnley, Dr. Major Greenwood said that there had never been a period in the world's history in which civilized communities had not been confronted with a Poor Law problem. In England the first attempt by the State to grapple with the problem was by the statute of Elizabeth, which laid down the first principles of the present system. By early Poor Law legislation the destitute were regarded more as criminal than unfortunate, and the evil reputation that was still attached to Poor Law administration was an inheritance from those days. The keystone to the present system was put by the Poor Law Amendment Act of 1834, based on the findings of an important Royal Commission that reported in that year. Although there had been no direct legislation since then, there had been certain enactments connected with social reform that had touched on the ground heretofore reserved for the Poor Law—namely, the Old Age Pension Acts, the various Elementary Education Acts, and the Insurance Act. Discontent with the Poor Law system resulted in the appointment in 1906 of another Royal Commission on the Poor Laws, which reported in 1909. Unfortunately, the Commissioners were not unanimous, and two reports were issued. The Local Government Board had, by special orders, carried out some of the recommendations, which were endorsed by the whole Commission. In considering the present Poor Law medical service of the country, the subject naturally divided itself into two parts—the present and the future of the outdoor, and the present and the future of the indoor medical service. The latter would develop more and more on institutional lines, and all indoor Poor Law

medical officers would tend to become whole-time officers. To meet the exigencies of the sick poor the centre for institutional treatment must not be too far away, but wherever possible a central institution, staffed by whole-time medical officers for the service of all the sick poor of the union, would be established. Unions might combine to create a common infirmary, and, as Dr. Thackray Parsons suggested in a valuable paper read at the last annual meeting, the Poor Law infirmary might become a State institution, and be utilized in connexion with State schemes for changes in the general medical practice of the country. As to the outdoor service the district medical officer must remain an important factor in Poor Law medical administration, for a Poor Law administration on anything like the present lines could not exist without him. If in the future the medical wants of the necessitous sick were catered for by a practitioner who, in addition to being district medical officer was also public vaccinator, police surgeon, factory surgeon, medical officer of health, and held any other office that necessitated medical supervision, the poor would not be better off than under the present arrangement. The medley of offices that he held would militate against efficiency in his Poor Law office. In populous areas the whole-time system was more practical, and had been utilized with more success. Sufficient Poor Law work could be found to employ the whole time of a Poor Law medical officer. It was in this way, in his opinion, that in the future part-time district medical officers would tend to be superseded by whole-timers, and if work and salary were equitably settled, it was difficult to see how they could offer opposition, if they wished, to another system which was in practice, or shortly would be, in two of the metropolitan boroughs. The Association of Metropolitan Infirmary Superintendents had recommended that the union infirmary should be made the base of all Poor Law medical relief and the office of district medical officer abolished. The infirmary superintendent was made chief medical authority and supervised all outdoor and indoor medical relief, and assistant infirmary medical officers were put in the place of district medical officers, some residing at the infirmary and others at a convenient site within the district. None of these assistant medical officers had any security; indoor medical officers, except the medical superintendent, enjoyed that right. The scheme, he admitted, on paper looked most tempting, but under the present system of Poor Law administration it meant that all the outdoor poor were in the hands of junior practitioners, for it would not be possible for a medical superintendent of a large infirmary to supervise properly both the indoor and the outdoor work. If he made the attempt he was not unlikely to fail in both. Naturally he would regard the indoor work as his proper function and would relegate the outdoor to his assistants, and the only responsibility he would take would be nominal. Summed up briefly, the changes that were taking place in the Poor Law medical service, both in its indoor and outdoor branch, tended to substitute whole-time for part-time officers.

#### The Annual Dinner.

In the evening the annual dinner was held at the Bull Hotel, and the members and their guests dined together under the presidency of Surgeon-General Evatt, C.B. Among the guests were: Alderman J. Sellers-Kay, Esq., the Mayor of Burnley and the Mayoress, P. Thomas, Esq., Town Clerk; C. E. Bygrave, Esq., Clerk to the Blackburn Guardians; Dr. Sinclair, Surgeon to the Victoria Hospital, and the following members of the Council of the Poor Law Medical Officers' Association were also present: Dr. Drury (Halifax), Dr. Holder (Hull), Dr. Major Greenwood (London), Dr. Thackray Parsons (London), and Dr. Agnew (Burnley). There was an excellent musical entertainment arranged by Dr. Pullon. After the toast of "The Mayor and Corporation" had been proposed by the President and acknowledged by the Mayor, Mr. C. E. Bygrave proposed "The Poor Law Medical Officers' Association of England and Wales," which was acknowledged by Dr. Major Greenwood.

Mr. Thomas, the Town Clerk of Burnley, proposed "The British Medical Association," and the toast was acknowledged by Dr. Bird, for the last six years Honorary Secretary of the Burnley Division, and now its President. He thought every medical man ought to be a member of the Association, and every student, as soon as qualified, ought to join it. Some such association was absolutely essential from the standpoint of medical science, of medical ethics, and of medical politics. What better organization was there at present than the British Medical Association? Certain people might disparage its efforts during recent legislation, but if they did not get all the points they wanted, they got a good many. The Associa-

tion was like Hercules, it helped those who helped themselves, and if any Division desired to act it had the Association to back it.

Dr. Holder proposed the toast of "The Guests," to which Dr. Scott (Burnley) responded.

Dr. Pullon proposed "The Health of the President," and Surgeon-General Evatt made an appropriate response.

Dr. Drury (Halifax) proposed "The Health of Dr. Agnew," and "The Health of the Ladies" was also proposed, and responded to by a lady guardian.

## Medico-Legal.

### "HIGHER THOUGHT HEALING."

AN inquest on the body of Miss Kate Addison Scott, aged 37, who died while undergoing what was described as "higher thought healing," was concluded at Hounslow on July 11th. For some time before her death Miss Scott had been under the care of Mr. Orlando Edgar Miller at Spring Grove House, Isleworth, where she died on June 7th. Mr. Miller told the coroner, Mr. Reginald Kemp, he was a "teacher, lecturer, and healer." At a previous hearing he said he was a Ph.D., a lecturer on higher thought and a practitioner of faith-healing. He was not a Christian Scientist. He had studied medicine in America, but had no medical degree. He described his methods of healing as "mental, and to some extent medical and mechanical." He had opened Spring Grove House as a sanatorium for consumptives where he demonstrated a special method of treatment of his own which he hoped would some day be adopted by the medical profession. According to a report which appeared in the *Daily Telegraph* of July 13th, he went on to say that the house was now used as a kind of nursing home, and people frequently came to stay there to study psychology and the higher thought. He had from thirty-five to forty patients in the home, with a nursing staff of six. There was no medical practitioner in residence, but he called in a physician in certain cases. The local medical men refused to attend. He first met Miss Scott at one of his lectures, and at her request he took her in and treated her for paralysis, from which she had been suffering for fifteen years. She was admitted on June 2nd and her treatment began the next day. She was required to fast for thirty-six hours and he prayed over her. His method was "eliminating treatment," which consisted of exercises, breathing, and injections of distilled water, alcohol, and scopolamine. While he believed in the "laying on of hands and giving the right heart," he administered salts and gave cascara and scopolamine. As the patient got worse he called in a doctor, who diagnosed an internal complaint. Dr. H. L. Wilson, of Gordon Square, said he first attended Miss Scott for dyspepsia early in 1912. She had suffered from a nervous disorder for about thirteen years. She tolerated drugs very badly. He was sent for on the day she died and found her moribund, with practically no pulse. Probably her life would have been saved if she had had medical attendance earlier. For some time past she had been interested in Christian Science. He had treated Miss Scott for paralysis but had simply ordered exercises. Dr. L. B. Christian said that scopolamine would not be a suitable drug to inject in a patient in Miss Scott's physical condition. It was possible that it might have exaggerated her symptoms and hastened death by acting on the heart. Dr. W. H. Willcox, Senior Scientific Analyst, Home Office, said that an analysis showed that in the stomach there was a minute quantity of an alkaloid which would act upon the pupil of the eye in the same way as scopolamine or hyosine. He found no other poison. The injection of scopolamine was most unsuitable. Death was due to dilatation of the stomach following disseminated sclerosis. The jury returned a verdict of natural death, adding a rider in which they asked that the coroner should severely censure Mr. Miller and report the nurse to the hospital where she had got her certificate. The coroner, addressing Mr. Miller, said, as reported in the *Morning Post*: "You are deserving of the gravest censure for treating this woman in a very improper way. Fortunately the medical evidence is in your favour, or you might have found yourself in difficulties. It was clearly your duty to send for a doctor much sooner than you did. The only extraordinary part of this case is the evidence which it affords of the easy way in which the public are taken in by these quasi-religious faith healers."

Accounts of various enterprises undertaken by Mr. Orlando E. Miller may be found in *Truth* of April 24th, 1912, and April 8th, 1914. From these accounts it would seem that he had a variegated career in America, including a period of imprisonment for a financial operation, of which he informed our contemporary a prejudiced judge and a packed jury took an unfavourable view. From the same source it is to be gathered that in a medical sense he seems to have progressed from grocery through cures for rupture, inebriety, and consumption, up to the "Higher Thought."

### BENDLE v. UNITED KINGDOM ALLIANCE.

THIS was an action, before Mr. Justice Bray, by Messrs. Sutton Bendle and Co., proprietors of a wine known as Bendle's Meat