

England and Wales.

LONDON.

Teachers for Mentally Defective Children.

THE Education Committee of the London County Council reported to the meeting of the Council, on June 29th, that they had had under consideration the desirability of making provision for the training of teachers for mentally defective children, in view of the need for such teachers which would be produced by the Elementary Education (Defective and Epileptic Children) Act, 1914. The Board of Education, it was stated, are prepared to approve and pay grants for the establishment of a one-year course of such training for trained certificated teachers and graduates, and it was felt that the Council have special facilities for providing a course of this kind, the special schools of London being larger in number, and probably superior in quality, to those of any other area of equal size. The Committee recommended that persons who already hold certain educational qualifications should be accepted as resident students at the Council's training college at Furzedown (Wandsworth) for a special course of training for teaching in schools for the mentally defective.

The recommendation was adopted by the Council.

Ambulance Service for London.

The ambulance scheme for London is gradually taking shape. The special committee on the establishment of this service reported to the Council that a new ambulance station in Shoreditch, equipped with two motor ambulances, was opened on June 21st, and that new stations in Southwark, Bloomsbury, Brixton, and Lee, would be successively available during the next two months. It was also stated that, an essential feature of the ambulance scheme for London being the use by police constables of private telephones, some 350 telephones were at present available in various parts of the county, but it was hoped that this wholly inadequate number would be greatly increased shortly. To secure an efficient service, telephonic facilities should be available at intervals of not more than 440 yards in every one of the more important streets and roads.

Asylums' Expenditure on Drugs.

The accepted tenders for the London County Asylums for the four months from July to October included an expenditure on drugs of £1,505, on druggists' sundries of £107, and on bandages and dressings of £325.

MEDICAL INSPECTION OF SCHOOL CHILDREN IN LIVERPOOL.

Dr. Hope, M.O.H. for the city of Liverpool, in his annual report giving details of the work done by the school medical inspectors, states that 38,709 children were examined, of whom 19,289 were entrants and the remainder between the ages of 12 and 13. The head teachers in a large number of cases materially contributed to the efficiency of inspection by drawing the attention of the school medical officers to children requiring examination. It is worthy of notice that children absent from school were not overlooked but medically examined when illness was put forward as an excuse for non-attendance. There were 5,397 eye cases, including 4,973 instances of defective vision. Of the remainder there were only 2 cases of trachoma. Of affections of the mouth, nose, and throat there were 1,416 cases, defective teeth claimed 308, tonsils and adenoids and mouth breathing 200 cases. There were 411 cases of ear defects; of these 199 were cases of deafness and 180 cases of otorrhoea. There were 136 cases in which the organs of the chest were involved; heart disease 65, bronchitis 75 cases. Tuberculosis accounted for 72 cases, phthisis 47, of which 15 cases were dubious; tuberculous glands 14, tuberculosis of bones and joints 2, and other forms of tuberculosis 9. Of general diseases there were 362 cases, including anaemia and debility 279, malnutrition 47, rheumatism 20, rickets 9, cretinism 6, haemophilia 1. The number of infectious and skin diseases was 368 cases, including measles 3, whooping-cough 3, mumps 23, influenza 2, ringworm of the scalp 78, ringworm of the body 35, scabies 21, impetigo 147, alopecia 16, eczema 17, and other skin affections 23. There were

80 cases of nervous disease—chorea 20, epilepsy 21, infantile paralysis 10, and other untabulated affections 29. The treatment of these children has not yet been so well organized as their inspection. The Education Committee has provided for efficient eye treatment by paying for the services of ophthalmologists. There is also x-ray treatment for obstinate cases of ringworm of the scalp. But the bulk of skin affections is left to the charitable institutions of the city. At present the Education Committee is considering measures to ensure treatment of those children suffering from mouth, nose, and throat affections. In time, no doubt, the school authorities will awaken to their responsibility of fulfilling the corollary of efficient medical inspection by providing efficient medical treatment. It is not right that this should be left to charitable institutions. Now more than ever is the child a valuable asset to the State. The health of its future citizens should not be jeopardized by procrastination and by failure to provide an efficient and competent service for the treatment of school children.

THE SALFORD SCHEME FOR THE PREVENTION OF EXCESSIVE PRESCRIBING.

At the monthly meeting of the Salford Insurance Committee on June 17th a report was read from the Medical Benefit Subcommittee dealing with the disparity in the number and cost of prescriptions for the year 1914 as compared with 1913. It appears that in 1913 the charges on the drug fund were so heavy that the chemists only received about two-thirds of their accounts, the total deficiency being about £3,680, while in 1914 there will be a very substantial surplus in the fund. The amount of surcharge claimed by the Pharmaceutical Committee for excessive prescribing in 1913 amounts to about £1,100, and sixteen of the panel practitioners are implicated. So far, however, the Insurance Committee has not come to any decision. In order to prevent as far as possible any tendency to excessive prescribing in 1914, an arrangement was made between the Panel and Pharmaceutical Committees by which the general pool for the panel practitioners was to be credited on paper with the whole of the 8s. 6d. available for medical benefit, while each practitioner was then to be debited with the cost of his own prescriptions, it being understood that in no case would the chemists receive more than 2s. or less than 1s. 6d. per insured person. It thus became the direct interest of each practitioner to reduce the cost of his prescriptions. The effect of this arrangement was seen even at the beginning of 1914; there was a large decrease in the charges for drugs and appliances, the cost per script falling from about 7d. to 5d., and the number of scripts being also lessened. In some cases the reduction was so great that a fear began to be expressed in the Insurance Committee that insured persons might possibly not be receiving adequate drugs and appliances. Only one definite charge, however, was brought forward. This came from the lady superintendent of the district nurses' home, and was to the effect that in a number of cases patients had not been supplied with adequate dressings. An inquiry was therefore made by the Medical Benefit Subcommittee, and in its course it came out that in many cases the doctors had been giving their patients medicines out of their own surgeries free of charge, instead of giving prescriptions, mainly in order to save themselves being debited with the dispensing fees of 2d. a bottle. Though no complaints had been made by patients of inadequate medicines, the Medical Benefit Subcommittee considered that such a practice was undesirable and that the arrangement might possibly lend itself to some abuses, such as those alleged in the case of dressings. The Subcommittee accordingly passed the following resolutions:

1. That no evidence has been adduced that would satisfy this Subcommittee that insured persons in Salford have not received adequate medical attendance and treatment during the year 1914.
2. That this Subcommittee is of opinion that the disparity in the number and cost of prescriptions for the year 1914, as compared with 1913, has resulted from the arrangement made between the Panel and Pharmaceutical Committees at the beginning of 1914 for the repression of excessive prescribing, which arrangement has now been discontinued.

The whole matter had previously been referred for the consideration of the Panel Committee, which agreed with the subcommittee that the arrangement had not proved

satisfactory. When it was made it had been definitely stated by the Commissioners that it was simply an arrangement between the Panel and Pharmaceutical Committees not requiring the consent of the Insurance Committee, whose business was simply to see that the insured received adequate drugs and appliances. At the same time, any expression of opinion by the Insurance Committee was bound to have weight, and the two resolutions of the Medical Benefit Subcommittee were carried unanimously by the Insurance Committee. It was explained that the Panel Committee had anticipated this by informing the panel practitioners that the arrangement would be considered to have ended with the year 1914, and that the drug fund would now be dealt with in the usual way, with the special safeguard that the chemists will, every month, scrutinize all scripts, and refer to the Panel Committee any that are considered extravagant. The Panel Committee will then investigate each case as it arises, in accordance with Regulation 40, with a view to saying whether any surcharge is to be recommended; it is hoped that in this way the long delay that occurred in 1913 may be avoided.

A letter was also read from the Panel Committee calling attention to the hardship inflicted on the sixteen practitioners who were alleged to have prescribed extravagantly in 1913, owing to the fact that, pending the settlement of the question of surcharge, sums of money had been withheld from them considerably in excess of the sums claimed by the Pharmaceutical Committee as surcharge. It was stated that this had been done in consequence of advice from the Commissioners stating that no final settlement should be made with these practitioners until the question of surcharge had been determined. After some discussion, it was proposed by Dr. Taylor that any amounts owing to these practitioners in excess of the amounts claimed by the Pharmaceutical Committee as surcharge for over-prescribing should at once be paid. Dr. Taylor said that though he had spoken strongly on several occasions against excessive prescribing, and thought it should be punished if no satisfactory explanations were forthcoming, he could not regard it as fair to withhold, say, £10 from a doctor when the utmost surcharge claimed was only about £3. The motion was seconded by Mr. Gill, who represents the chemists on the Insurance Committee, and was carried unanimously. This still leaves a final settlement to be made with these practitioners when the question of surcharge is settled.

The Clerk stated that the number of patients treated during the month of April was 13,291, and the average cost for drugs and appliances was 8.9d. a patient. The number of prescriptions dispensed was 26,515—that is, about 2 per patient, the average cost per prescription being 4.4d. The number of insured persons in the area is somewhere about 90,000. It is fully expected, now that the arrangement of debiting the doctors with the cost of their own prescriptions has been ended, that the charge on the drug fund will rise considerably as compared with 1914, as there will be no further likelihood of medicines being given by the doctors out of their own stocks. At the same time, with the experience that the panel doctors have now had in economical prescribing, and with the monthly scrutiny of scripts, which will avoid the long delay that occurred in 1913, it is fully expected that extravagant prescribing will be reduced to a minimum.

Scotland.

TOWN PLANNING.

IN his annual report Dr. A. J. Macgregor, M.O.H. Dunfermline, discusses the town planning scheme at Rosyth, which is a short distance outside the burgh boundaries, and to which the works connected with the Forth naval base are attracting a large population. Dr. Macgregor says: "A town planning scheme is at the root a sanitary measure, its main object being to improve the conditions of living along health-giving lines, and not merely to improve the amenity of a district. It seeks to establish a standard of housing, and so comprehensive is the Act in its application that it not only defines the units for present and future housing, but also takes under its control all building operations within the prescribed area

undertaken during the preparation of the scheme. This power of retrospective control has in the case of Dunfermline exercised an inhibitory and most prejudicial influence on building operations, and the house famine that has prevailed throughout the burgh for the last three years has been more acute than ever. Our hope of relief lies either in the acceptance of our town-planning scheme by the Local Government Board, or, failing such acceptance, by the abandonment of the principle of retrospective control until our scheme can be so modified as to enable it to receive the necessary official sanction. The sanitary authorities are prohibited from making use of their statutory powers in regard to housing accommodation so long as the condemning of property only means turning out families in the street. In the altered conditions prevailing since the war broke out it is hopeless meantime to look to a municipal housing scheme, and our future welfare, so far as housing is concerned, must centre round the fate of our town-planning scheme."

HEALTH OF LEITH.

IN his fourteenth annual report Dr. William Robertson, M.O.H. Leith, states that the death-rate of the burgh in 1914 was 15.4 per 1,000 of the population. The total number of deaths was 1,234. Of this total, phthisis, pneumonia, bronchitis, and other pulmonary diseases accounted for 282, whilst other forms of tuberculosis, excluding phthisis, caused 60. Tuberculosis in all its forms was to be blamed for 144 deaths, and cancer claimed 96 victims. By slow degrees the contest against tuberculosis of the lungs was being successfully carried on; but all the sanatoriums and dispensaries were like whitewash applied to a disease which could only be arrested by having houses well ventilated and well lighted. Fresh air in dwellings would save the local authorities much expense everywhere. An open-air school was much needed in Leith. Heart disease had caused 131 deaths, and from non-defined causes there had been as many as 305. There had been no fewer than 700 cases of scarlet fever, and of these 569 were removed into hospital; but the disease had fortunately been of a mild type, and the average stay in hospital had been only thirty days; and 131 cases had been treated at home by the Milne method. Through the shorter stay in hospital and the Milne method of treatment Dr. Robertson calculated that £1,848 had been saved to the rates. There had been only three cases of typhoid fever (all imported); there had, however, been seven cases of typhus fever, but the outbreak had been promptly and successfully dealt with. The medical officers of health throughout the country, although they had all been eager and willing to assist or advise during the war, had so far been very little utilized.

Ireland.

RED CROSS HOSPITAL AT BRAY.

IT is stated that Her Royal Highness Princess Patricia of Connaught has graciously consented to allow the auxiliary hospital for wounded soldiers at Bray to be called "The Princess Patricia Hospital." This hospital is being organized and financed by the joint committee of the County Dublin Branch of the British Red Cross Society and the St. John Ambulance Association, and will contain over 200 beds. It is estimated that a sum of £3 will be sufficient to equip a bed. The superintendent of the Queen Victoria Jubilee Institute for Nurses in Ireland, who has been granted special leave for the period of the war, has been appointed matron of the hospital, and the work of preparation is being pushed forward with all speed. At the present time the capacity of the large general hospitals in Ireland to receive wounded soldiers from the front has reached its limit; practically every bed is occupied. Many of these patients have been in hospital for a considerable time; some are convalescent, and others, though still requiring careful treatment and nursing, have so far recovered as not to require the special treatment that can only be given at a large surgical hospital. It is intended therefore to remove the convalescent and slightly wounded cases from the general hospitals so as to provide accommodation for the more seriously wounded cases.