

Medical News.

THE King has been pleased to give directions for the appointment of Robert M. Forde (Principal Medical Officer) to be an Official Member of the Legislative Council of the Colony of Sierra Leone.

THE Third Congress of the International Surgical Society will be held at Brussels this year at the end of September. The members will be received on Monday evening, September 25th, by Dr. Lorthioir, President of the Belgian Surgical Society. The Congress and the exhibition of fractures and surgical appliances will be opened at 9.30 on Tuesday morning, September 26th, and immediately afterwards a discussion on pancreatitis will be opened by M. Michel. The afternoon session will be devoted to the discussion of the treatment of that disease, opened by MM. Körte and Giordano. In the evening the President of the International Society (Professor Lucas-Championnière) will hold a reception. Wednesday will be devoted to the surgery of the thorax, the introductory addresses being given by MM. Garré, Gaudier, Girard, Lenormand, and Ferguson. Thursday morning will be given up to demonstrations of fractures, and the afternoon to the discussion of pulmonary abscess and gangrene, and bronchiectasis, introduced by MM. Van Stockum and Sauerbruch. Subjects for discussion on Friday are the surgical treatment of pulmonary tuberculosis and acute and chronic colitis. There will be a banquet on Thursday evening, and a gala performance at the Theatre Royal on Friday evening.

THE Second Annual Conference of the British Hospitals Association will be held in Manchester on September 28th and 29th. The conference will assemble in the Lord Mayor's Parlour, Town Hall, Manchester, at 10 a.m. on September 28th, and the Lord Mayor will hold a reception that afternoon. The meeting on September 28th will be devoted to the consideration of the National Insurance Bill and its probable effects upon the voluntary hospitals. Among those who intend to take part in this discussion are Sir William Cobbett, Chairman of the Royal Infirmary, Manchester; Mr. Charles Lupton, Chairman of the General Infirmary, Leeds; Dr. D. J. Mackintosh, M.V.O., Superintendent, Western Infirmary, Glasgow; and Mr. Howard J. Collins, House Governor, General Hospital, Birmingham. On Friday, at 10 a.m., papers will be read on the representation of honorary medical staffs upon boards of management of voluntary hospitals, by Dr. E. S. Reynolds, Chairman of the Medical Board, Manchester Royal Infirmary, and on the methods of distribution of Hospital Saturday and Sunday Funds, by Mr. Charles Hopkinson, Member of the Board, Manchester Royal Infirmary. "Persons eligible as members of the association are those who at the time of their election are trustees, members of committees, or executive and professional heads of hospitals and kindred institutions, without reference to sex or title." Further particulars can be obtained from the honorary local secretary, Mr. W. G. Carnt, Royal Infirmary, Manchester.

Medico-Legal.

MEDICAL FEES FOR CERTIFYING LUNATICS FOR ASYLUM.

SMALL HAVEN writes as follows: A. is attending a case of mental trouble, and calls B. in consultation. Later A. learns that the patient has been certified by B. When B. is asked for an explanation by A., B. says he certified in his official capacity as parish doctor, and offers A. the fee, which A. refuses. Was B. acting within his rights professionally? Was A. right in refusing the fee?

* * A medical practitioner who happens to be a Poor Law medical officer does not, whenever called on to certify a patient for an asylum, act officially, and the fact that he holds the appointment mentioned has, therefore, no bearing on the matter. It is for the magistrate acting in the case, before he signs the order for the patient's removal to asylum, to call to his assistance a medical practitioner, whose selection rests with him, to sign the requisite medical certificate. We assume that B. was selected by the magistrate for this duty. As, however, B. had been previously introduced to the case in question by A., it would have been gracious if B. had communicated with A. before certifying, or, perhaps, better still, if he had suggested to the magistrate that as A. had the previous charge of the case he (A.) had the stronger

claim to be allowed to deal with it throughout. Of course B. may have done all this, and the magistrate may not have consented to act on B.'s suggestion; so if B. offered the fee he had received to A., we fail to see that A. has any serious cause for complaint. As to whether A. was right in declining to accept the fee offered by B., the former must be the best judge. The division of the fee does not appear to have been considered by either party.

Public Health

AND

POOR LAW MEDICAL SERVICES.

PUBLIC HEALTH (SCOTLAND) ACT, 1911.

A SHORT Act has just been placed on the Statute Book to extend the powers of the Public Health (Scotland) Act, 1897. This Act empowered local authorities to carry sewers within their district, the amending Act gives this power to any body of trustees or commissioners authorized to supply water by any local Act, within the limits of water supply under such Act, in the same way and subject to the like restrictions in relation to water mains as they may be exercised in relation to sewers under the 1897 Act. The new Act may be cited as the Public Health (Scotland) Act (1897) Amendment Act, 1911, and is to be read as one with the Public Health (Scotland) Act, 1897.

PUBLIC HEALTH (IRELAND) ACT, 1911.

THE Act to further amend the Public Health Acts relating to Ireland, which received Royal Assent on August 8th, provides that "Any urban district council in Ireland may, in addition to any existing powers, make by-laws providing for the inspection of all meat intended to be sold within the urban district for human consumption, and prohibiting the sale of meat within the urban district for human consumption, except after inspection in accordance with the by-laws."

The Act further directs that the provisions of Sections 219 to 223 of the Public Health (Ireland) Act, 1878, shall apply to by-laws made under the new Act, which is to be construed with the Acts of 1878 to 1907.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Liverpool County Borough.—Dr. Hope has delayed the issue of his report in order that the latest statistics might be based upon the population as revealed by the latest census. Calculated on a population at the middle of 1910 of 743,295 persons, the birth-rate was 31.0 per 1,000 and the death-rate from all causes 17.9 per 1,000. This is the lowest death-rate yet recorded in Liverpool, that in 1900 having been 23.1 per 1,000 and in 1890 it was as high as 27.5 per 1,000. The rate of infantile mortality in 1910 was 139 per 1,000 births. Liverpool is one of the few towns in which hospital accommodation, though only to a limited extent, has been provided for cases of measles. Dr. Hope states that the deaths from this disease do not show a decline comparable to that which has taken place in the case of those diseases for which hospital accommodation is usually available. In making arrangements for the hospital isolation of measles, difficulties of a special kind arise owing to the tender age of the patients and the peculiarities of the infection. It is startling to find that during 1910 no fewer than 292 children under 10 years of age died in Liverpool from burns or scalds. In a large proportion of cases the cause of death was found to be due to the children being left alone in a room with an unguarded fire. It is not at all satisfactory to find that the Children Act, 1908, has not been found effective in dealing with such cases, notwithstanding the fact that Section 15 of that Act constitutes it an offence for any person over the age of 16 years having the charge of a child under 7 years of age to be in a room containing a fire unprotected against the risk of burning, and by reason of which the child is injured or killed. In one of the Liverpool cases the mother had been given a fireguard by the Corporation, but she used it for a clothes-horse instead of and for its legitimate purpose. The administration of those sections of the Liverpool Corporation Act, 1900, which relate to the milk supply of the city, has very largely reduced the amount of tuberculous milk supplied to the inhabitants. In 1904 there were no fewer than seventy cows found in Liverpool cowsheds with tuberculous udders, while in 1910 only one such cow was discovered. Of the 604 cows examined in 1904 in cowsheds outside Liverpool nineteen were said to have tuberculous udders compared with four among the 871 cows examined in 1910. Dr. Hope points out that although the application of the Act involves a considerable amount of time and expense on the part of the Corporation and its officials, the result is that the city is protected to a great extent from the evils which follow an impure milk supply. Moreover, the local authorities of many surrounding districts have also become alive to the necessity of insisting upon better sanitation of farms and cowsheds, and the farmers themselves in many instances show a willingness to be advised as to the best methods to adopt to keep their cattle and cowsheds in the most healthy and sanitary condition, so that the benefits of the Act are by no means limited to the city of Liverpool.

POOR LAW SUPERANNUATION.

RETIRED POOR LAW MEDICAL OFFICER asks whether his superannuation allowance is calculated on the gross salary or on the net, or whether annual deductions paid towards superannuation are reckoned; also whether allowances for various medicines and drugs, and fees paid to him for lunacy can be calculated as emoluments of the office he held.

* * The gross salary paid is to be reckoned as the basis on which the amount of superannuation is to be calculated as well as all fees paid as extras, but this does not include fees paid for lunacy certificates for asylum, though it does include fees paid for quarterly visits to district lunatics. It is very questionable whether allowances paid for special medicines or drugs can be regarded as emoluments.

Universities and Colleges.

UNIVERSITY OF LONDON.

Examination for Entrance Scholarships.

IN addition to the scholarships previously announced, two Scholarships in Arts and Science and Two Scholarships in Anatomy and Physiology, tenable at Charing Cross Hospital Medical School, will be offered for competition at the September examination of the London Inter-Collegiate Scholarships Board. On the results of this examination, therefore, elections will be made to thirty-two Entrance Medical Scholarships, tenable at the following schools of the University of London: University College, King's College, Westminster Hospital, St. George's Hospital, Charing Cross Hospital, London School of Medicine for Women, University College Hospital, and King's College Hospital. Further information may be obtained from the Deans of the respective medical schools or from the Secretary of the Board, Alfred E. G. Attoe, University of London, University College, Gower Street, W.C.

Letters, Notes, and Answers.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

PAYMENT OF MEDICAL MEN CALLED IN TO ASSIST MIDWIVES.

Q. asks whether a town council has power to pay to a medical practitioner in practice within its area a fee for attending a confinement at the written request of a certified midwife.

* * The Local Government Board, in its circular of June 29th, 1907, directed attention to Section 2 of the Poor Law Amendment Act, 1848, upon which it observed as follows:

Moreover, the section alluded to empowers the guardians, "if they think proper, to pay for any medical or other assistance which shall be rendered to any poor person on the happening of any accident, bodily casualty, or sudden illness, although no order shall have been given for the same by them or any of their officers, or by the overseers," and the Board are advised that, under this enactment, it is competent to the guardians to pay the fee of any medical man called in on the advice of a midwife to attend upon a poor person in case of difficulty.

The Board would suggest that medical men and certified midwives practising in the Poor Law Union should be informed that, in cases arising under Rule 18, the guardians will, on being satisfied that the woman is too poor to pay the medical fee, be prepared to exercise their powers under the section and to pay a reasonable remuneration to the medical man called in. Any such payment should be on a definite scale which should be suitable to the local circumstances and to the services rendered, and which should be duly notified to the local medical practitioners.

It appears to the Board that the exercise by the boards of guardians in a careful but liberal spirit of their powers under the enactment quoted will furnish a satisfactory solution of the problem to which they have referred, and that no reasonable ground of complaint should remain either to the public or to the medical profession. Moreover, general action on the part of boards of guardians in the direction indicated would tend to the preservation of two most important principles which are in danger of being overlooked; first, the responsibility of the husband or natural guardian of the patient to provide for her necessities, and, secondly, the right of the guardians to determine who, by reason of poverty, is entitled to medical assistance at the expense of the rates.

The Liverpool and Manchester Corporations pay a fee for every case where emergency assistance has been rendered by a medical practitioner at the request of a midwife, and in which the fee could not be recovered either from the patient's friends or from the board of guardians. Where part-payment is made from these sources the corporation makes up the balance. The payment is made under Section 133 of the Public Health Act.

LETTERS, NOTES ETC.

POSTAL APPOINTMENTS.

QUAERO writes: I fear "N. S." is not alone in wondering how Post Office appointments are made. Not long ago I was invited to apply for the post in my own town, on a form which stated that the choice would be based on professional qualifications. After a long interval I was informed, on inquiry at the office, that the matter was still under consideration as between me and another man. There was nothing to choose between us, except that my "qualifications," by which I mean professional titles and degrees, were undoubtedly much the better. Some little time later the local postmaster, a friend of the other man, came round to make an "official" inquiry as to the length of time we respectively had been in the town. Here my opponent had the advantage of a few months, as I spent a year in other forms of practice before settling down, although I was the older resident. The appointment went to him. I have nothing against him, nor against his appointment. But I have often wondered why that form said anything about qualifications.

NATIONAL INSURANCE.

Administration of Medical Benefits.

ANXIOUS ENQUIRER writes: I think the attention of the profession, and incidentally of the public, should be called to what, in my opinion, will be some, at least, of the effects of the amendment to the National Insurance Bill, moved by Dr. Addison and carried. If I am right, the amendment in effect says that any insured person, instead of receiving medical benefit, may, with the consent of the local Health Committee, receive whatever sum is agreed upon for medical benefit, and make his own arrangements. It is almost certain that the Health Committees, in the industrial districts at any rate, will consent in every case. It appears to me that this destroys the compulsory character of the bill so far as medical attendance is concerned, and makes it merely permissive. One result, in my opinion, will be that the thriftless will draw the money, and spend it in beer and "bacca," and, when ill, will go as at present to the Poor Law; or else, again as at present, run up an account where they can, without the slightest intention or ability to pay. Mr. Cecil Harmsworth's amendment could not be prevented, so it is useless to discuss it.

* * We do not believe that our correspondent's apprehensions are well founded. The words in Clause 14, as amended (Subclause 3) are: The Health "Committee shall, subject to the regulations, contribute from the funds out of which medical benefit is payable towards the cost of medical attendance and treatment (including medicine and appliances) for such persons sums not exceeding in the aggregate the amounts which the committee would otherwise have expended in providing medical benefit for them." If these words are not sufficiently clear there can be no reasonable doubt that the regulations will put the point beyond question. Otherwise, as our correspondent says, the compulsory character of the bill would be destroyed, or at least endangered, and compulsory insurance is its most essential feature.

Root and Branch.

DR. GRIFFITH C. WILKIN (Paignton) writes: However excellent the idea is, I doubt if ever a worse thought-out scheme was placed before the country. Who is going to say what the earnings of the so-called working man's family are? The father earns wages which are easily known, but the mother earns money, and the children! In the glorious country these earnings are considerable, and what about the mining districts? However much the medical sympathy must naturally lean to help the poor, whose thriftless struggles are so well known to all medical men, after all, our first duty is to our own wives and children, and common sense must tell us that the idea, however good socially, is, from a medical point of view, impossible. Is it worth further discussion? Should not medicine rather fairly, and at once, refuse to have anything to do with the scheme? This would not mean that the idea must be given up, but simply that the State must pay the doctors fairly instead of endeavouring to keep up the old sweating system that has surely gone on long enough.

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