

## CORRESPONDENCE.

[Correspondence on all subjects is invited, but we cannot be responsible for the opinions expressed by our correspondents, who must give name and address as a guarantee of good faith, but not necessarily for publication. Correspondents are reminded that conciseness greatly facilitates early insertion.]

### Central Surgeries.

*To the Editor of THE HOSPITAL AND HEALTH REVIEW.*

SIR,—I am with you all the way in the suggestion for establishment of Central Surgeries made in your article last month on "The Organisation of Panel Practice," and believe this to be one of the lines on which general practice must develop if it is to keep abreast of the advances of science. My experience at the out-patient department of a large general hospital during the war brought home to me the very great advantages both to the patient and the doctor. Indeed, I put out certain "feelers" two or three years ago, but they were not, to say the least, very enthusiastically received.

For one thing, the housing difficulty is at present an insuperable bar and likely to be with us, at any rate, for some time. In a place of this size and geographical distribution we should require six or seven Central Surgeries, and I am of opinion that a start might be best made in a small town of some 60,000 or 80,000 people, where one central surgery might quite efficiently meet the case. There is not only the innate conservatism of the profession to break down, but, even more, in this part of the country that of the patients, who will go to the same old place no matter what the conditions may be.

A BUSY GENERAL PRACTITIONER.

### Facts about Gas Poisoning.

SIR,—With reference to your Note last month on this subject, perhaps you will allow me to point out that, although every new coal-gas fatality brings yet louder protests from an anxious public, yet it is obvious that the facts are still not generally understood. Carbon monoxide, the poisonous constituent, has always formed a part of coal-gas since it was first introduced to the public service. The impression that the Companies have recently added dangerous quantities (in the form of water-gas) is totally erroneous. Also the much-maligned Gas Regulation Act of 1920 simply gave power to prescribe a limit for the poisonous constituents, if, after inquiry, it was thought necessary to do so.

There never has been a legal limit, so that the Act can in no way be blamed for the recent fatalities. Actually, after due consideration, the best authorities recently decided to adopt no definite limit but to keep close analytical watch upon the gas supplied. The figures for the last twenty years, which are readily available, show that during that period there has been no increase in carbon monoxide percentage which could, in itself, be described as dangerous to life. In almost every case where death has occurred, the leakage of gas into the room has been so great that a slight variation in the amount of poison per volume of the gas would have made no difference at all to the result.

The real danger, and, therefore, the correct line of defence also, depends upon the amount of attention

devoted to pipes, mains and gas fittings generally. Another point to remember, when blaming the advent of "water-gas," is the fact that this is not more difficult to detect. The smell of water-gas is more penetrating than that of coal gas, not less so, as is popularly supposed. It has often been suggested that some particularly pungent substance should be added to gas, thus making it almost impossible to overlook leakage. There are, however, many arguments against this innovation apart from its inevitable local effect in the average gas-supplied household. The fact certainly appears to be that gas as at present supplied is not in itself a danger.

Sound and modern means of conveyance and proper care of every fitting employed are two points to which we must expect the Companies to attend. The public must render intelligent assistance by never neglecting to notify an escape however trivial it at first may be. Do not blame the gas itself; see that it does not leak.

S. E. K.

### The Maintenance of Voluntary Hospitals.

SIR,—The maintenance of hospitals is a problem which must engage constantly the attention of the general public, and especially of those who are concerned in administration. A scheme has recently been introduced into East Kent which shows how adequate financial support may be obtained without recourse either to State or Rate aid. Briefly it is this. Those who wish to support the Kent and Canterbury Hospital undertake to deposit in a box (supplied by the Hospital Propaganda Committee) a sum averaging not less than 2d. per week, and to persuade other members of the family to make such contributions as they may be disposed, on which the hospital authorities admit to free treatment as in- or out-patients, boxholders and their dependents. A local representative of the Propaganda Committee is responsible for the collection every quarter of the moneys deposited, and is authorised to issue a certificate to the effect that the bearer is a contributor to the fund, and is a proper person on financial grounds to receive the benefits of the hospital.

The scheme has been in operation for nearly three years, and the moneys contributed have increased every year. In 1922 no less a sum than £4,800 was provided by this means—between one-half and two-thirds of the cost of maintaining the hospital apart from endowments. The scheme is in operation in about 100 villages and small country towns, and in spite of the fall in wages and the continuance of high prices, interest continues to increase. The fact of the matter is that the weekly contributors are primarily interested on religious and humanitarian grounds in the support of the hospital, for they recognise that it is a matter of Christian obligation. Should the need arise they take advantage of the benefits provided; but they do not regard their



contributions in the light of "insurance" (for the words "health insurance" are not very popular in this part of England) but rather a gift to help those in need—in which category they or their families may or may not sometime be included. The truth is that the old Friendly Society spirit, so prevalent in the Foresters and in the Oddfellows, 30 and 40 years ago, dominates our subscribers; they "are out" to give and not to get.

Should your readers desire further information, I shall be happy to supply it.

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Hospital Propaganda Committee.

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### Cadet Corps as Health Centres.

SIR,—The magic wand of a statesman, long overdue, is now needed to give effect to your suggested "Cadet Corps as Health Centres." The stirps of our race is grand. How deplorable, then, if the evil influence of the Great War on the stamina and moral of our 1905-8 age groups (1,600,000 lads) be unredressed a moment longer! In the later age groups, rickets defect prevails in very many children in both urban and rural areas. Preventive medicine will never come into its own, nor Public Health be surely founded, until we attain to a carefully planned routine for the guidance and kindly control of all our youths.

Our profession, an exacting and dangerous calling, possesses the confidence and affection of the nation. It is then surely our duty to advise and to secure a universal Cadet System in the Mother Country, not forgetting the Irish boys across the sea. Australasia has provided discipline, hygienic clothing, physical training, games and 10 days' annual holiday camp for all its boys. We should do the same. Here, Lord Haig's training area organisation is ready to hand, an admirable skeleton only awaiting its complement of lads to bring health and happiness and graded proficiency to all. Here, overcrowding is the main fault in the environment of the youngsters. Here, I can state, as an owner of working-class property, that no scheme of housing can ever be economical or satisfactory that does not embrace careful management, on the lines laid down by Octavia Hill. We can show the boys what a healthy outlook and environment should be, and as "Passed Cadets" they will attain thereto, and home amenities and decencies will be preserved.

It is of interest to note that the popular Australasian Cadet System was due to the initiative and organising ability of a doctor and a schoolmaster. In the Union of South Africa there is also universal grip of their boys and adolescents. In the Dominion of Canada evolution is on the same plan. Where are we? Last, but not least, I am sure that the profession will lend our boys a hand.

R. J. E. HANSON,  
Surgeon Captain R.N.V.R.,  
Hon. Sec. of the Imperial  
Cadet Association.

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### Asylum Reform.

SIR,—The publication of the circular letter which the Board of Control in Lunacy has sent to the Clerks of the Visiting Committees of Asylums furnishes a striking instance of how authority, reluctant to admit the need of reforms, may yet be compelled by public agitation to adopt them. The reforms urged in this official circular letter are, as far as they go (which is not nearly far enough), admirable. But where do they come from?

Dr. Lomax's book, "The Experiences of an Asylum Doctor," made certain accusations against the administration of Lunatic Asylums. The usual official denials were issued. Not only that, but a Committee of Inquiry was convened by Sir Frederick Willis, Chairman of the Board of Control, to inquire into the accusations and report upon them. Before that Committee Dr. Lomax refused to appear, believing as he did that by its very constitution it was inevitably biased by the "official view." The Committee proceeded nevertheless to report. The gist of its report was that Dr. Lomax's charges were unfounded, that the agitation was uncalled for, and that apart from a few details, everything was for the best in the best of all possible asylum systems. The public remained unconvinced, and the agitation for reform continued with increasing vigour.

And now we find that the Board of Control itself has been driven to put forward suggestions, the very same that were advanced (though, of course, in slightly different words) in Dr. Lomax's book, and which would, moreover, have been almost entirely unnecessary if Dr. Lomax's accusations had not been accurate and justified. This truth, after the usual official opposition, prevails. But this is only a beginning. The virtual admission of charges which were so recently and vehemently denied should, of itself, illustrate how bad our lunacy system is, and facilitate the further measures of reform which are so urgently necessary.

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Organising Secretary.

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### Bread and Dirt.

SIR,—A tale was told recently in the daily press of a baker's assistant who was injured by a passing motor-car while pursuing a loaf which had fallen from his cart. Such an incident is undoubtedly rare in the career of bakers' assistants, but it is only too frequent in the career of loaves. If the roads are muddy, well and good; the loaf is wasted. If the roads are dry, the loaf is merely picked up, dusted on the lad's sleeve, and duly delivered at its destination. The remedy of wrapping up the loaves is so simple that in days when the sterilisation of milk and the careful storage of meat are regarded as important to the health of the community, it is surely necessary that so staple an article of diet as bread should be adequately protected from dirt and germs. I should much welcome propaganda on this matter in your columns.

W. M. B.