Maltesco Preparations.—These are preparations of malt extract made in several brands.

Maltesco No. I is stated to contain 10 per cent. of digested "meat principles" in combination with a malt extract of high diastatic power. Our analysis gives:

Total nitrogen, calculated as protein ...	11.6 per cent.
Sugars, calculated as maltose ...	65.5 ..

The high figure for nitrogen shows that the preparation contains about twice as much protein as ordinary malt extract. The flavour is agreeable.

Maltesco No. II.—This is similar to No. I, but contains a much higher proportion of "meat principles." Analysis of the sample supplied gave the following figures:

Total nitrogen, calculated as protein ...	20.3 per cent.
Sugars, calculated as maltose ...	54.0 ..

The very high proportion of nitrogenous matter should render this a valuable preparation when it is desired to combine readily digested protein with malt extract.

Maltesco No. IV.—This is claimed to be a pure malt extract of high diastatic power. We find it to contain:

Total nitrogen, calculated as protein ...	5.75 per cent.
Diastatic number (by the method of the British Pharmaceutical Codex) ...	549
Total sugars, calculated as maltose ...	70.5 per cent.
Mineral matter ...	1.39 ..

The flavour is pleasant, while the above figures show good proportions of protein and diastase.

THE MUNICIPALIZATION OF HOSPITALS.

THE BRADFORD EXPERIMENT.

(Concluded from page 527.)

BY

CHARLES BUTTAR, M.D.

II.

THE site of the Bradford Poor Law Infirmary, which has now been leased to the City Council as a municipal hospital for five years, is bounded, except at one corner, by roads which will prevent extension of the hospital. The Council proposes to purchase the cottages at the corner of the area, and to close a small road leading to them. In this way the limit of expansion of an area already somewhat overcrowded with buildings, and defective in open spaces, will be reached. A certain amount of rebuilding will be undertaken, and it is proposed to leave an open space at one point. Generally speaking the old Poor Law infirmary buildings will be used, though some of the wards would appear to be deficient in cubic space. A hospital of 1,148 beds is contemplated in ten pavilions. The medical wards will accommodate 502 patients, the surgical 324. To maternity cases 90 beds are allotted, to children 84, and to infants 40. The remaining 108 are for venereal cases. It is proposed to equip an out-patient department in the administrative block, so that four physicians or surgeons may attend at one time. This is regarded as sufficient accommodation at the moment.

In the medical officer's report on suggested administration of the hospital there are phrases which recall to mind the Dawson Report, although the conclusions reached seem widely different. Thus it is stated that "in this institution there should be brought together a highly specialized staff dealing with different aspects of disease." It is advised that in order to build up the hospital personnel on modern lines, and to make available to the city the best known treatment, the institution should consist of a conglomeration of smaller units. Each unit, it is proposed, should consist of a senior part-time officer, physician or surgeon, an assistant (also part-time), and a resident officer. For the present it is thought that two medical, two surgical, and one obstetrical and gynaecological unit will suffice. In the future three medical, three surgical, one gynaecological and several minor special departments are contemplated.

It seems, therefore, that the hospital will be organized and managed in the following way: The City Council, which is responsible for the whole management of the city, will delegate the care of the hospital to the Public Health Committee. This committee may perhaps work through a hospital subcommittee. The medical officer primarily responsible to the Public Health Committee will be the medical officer of health. The direction of the hospital will be in the hands of the medical superintendent of the old Poor Law infirmary, who has become a whole-time officer of the City Council. As he is a most

efficient surgeon, he is to be made the senior of one of the surgical units, and, in addition to the whole hospital being under his administrative control, it is suggested that the medical staff, both resident and visiting, should be under his charge. Hence the position of this officer will be very similar to that of the officer in charge of a hospital in the army, only more so. He will perform the functions usually entrusted to the lay administration in a voluntary hospital—namely, the provisioning and equipping of the hospital and the control of the nursing and lay personnel. He will also be the administrator on the professional side, taking the place of the committee of the staff in voluntary hospitals, and, in addition, he will be one of the active surgeons on the staff.

The medical staff under the charge of the medical superintendent of the hospital will consist of part-time senior and assistant medical, surgical, and gynaecological officers, and of the residents attached to the units. With the five units at present contemplated there will be five senior officers, and five assistants; but four residents are considered sufficient. It is proposed that the senior officers shall be consultants or specialists employed for two hours each on four days a week. The remuneration suggested for this eight-hour week is £500 a year. The assistant medical officers may be general practitioners, would be employed for six hours a week, and would be paid £300 a year. The residents will be whole-time officers as in voluntary hospitals. No suggestion seems to have been made as to the rate of remuneration to be paid them. Patients will be admitted normally through the out-patient department, which is to be open apparently to any inhabitant of Bradford who may choose to avail himself of it. At the same time it is hoped that the out-patient department will also be fed from the following sources: From the various clinics now carried on for the City Council by whole-time medical officers, possibly by the outdoor Poor Law medical officers, and by the general practitioners of Bradford.

The number of hours' attendance each week required of the medical officers is regarded as a minimum. It is hoped that persons taking the appointments will be sufficiently interested in their work to spend, if need be, more than the required time. It may be pointed out, however, that the surgical consultants are unlikely to expose themselves to an unknown liability of this nature. No mention whatever is made of emergency operations, which not infrequently occur in the middle of the night. It is not probable that the resident superintendent, whose extensive duties have already been described, will undertake these emergencies; many of them cannot be left to the young resident. Will the consulting surgeon, who is paid the same remuneration as the physician who is not so liable for emergencies, face the possibility of these night calls?

There remains one interesting proposal in connexion with the senior medical officers in charge of units. After stating that they should have a university degree or be Fellows of one of the Royal Colleges, and should not be in general medical practice, the report goes on to say that they should not hold any other hospital appointment save with the consent of the committee (presumably Public Health Committee). Now this committee of the Bradford City Council proposes to purchase eight hours a week of a consultant's time for the sum of £500 a year. These eight hours are to be distributed over four days a week, presumably at specified hours. It is a little difficult to see why the City Council should be anxious to know what the consultant does with the remainder of his time. In what way do the councillors suppose that holding another appointment, say at a voluntary hospital, with different days and different times of visiting, is going to affect their service? On the other hand, is not the Council possibly depriving itself of the services of some of the more distinguished consultants of Bradford? May it not be found that a consultant at the Royal Infirmary, faced with the possibility that the City Council may order him to resign his association with that institution, will refrain from applying for appointment to the municipal hospital? It might be well for the Council to offer some explanation for this singular provision.

It would be interesting to know how the proposals with regard to the municipal hospital appeal to the general practitioner of Bradford. It has been pointed out that he may apply for the post of assistant medical officer to

a unit, and that ultimately there will be seven of these appointments, and possibly in addition some minor special posts. Also some general practitioners may have outdoor appointments similar to those of the Poor Law outdoor medical officers. Further, the general practitioner may be able to make use of the out-patient department for cases he would like to transfer thither. And, lastly, it is suggested that access to the hospital should freely be given to all medical practitioners, whether on the corporation staff or otherwise, who send in cases, and that they should be encouraged to follow up their cases and their treatment. But it is not contemplated that they should continue to treat the patient when he is in hospital. The proposal seems rather to be of the nature of post-graduate clinical instruction, derived from observation of the treatment adopted by the medical officers of the units. The general practitioner in many parts of the country, under the influence of the Dawson Report, has been inclined to imagine municipal hospitals wherein he will treat his own patients, call in a municipal consultant when required, have a voice in the organization through representatives on a medical advisory committee, and eliminate anything of the nature of an out-patient department, except possibly for purposes of consultation. Under the Bradford scheme it does not seem likely that these aspirations will be realized.

The whole community at Bradford, so far as I can gather, will be eligible for out-patient treatment in the municipal hospital, and for admission to the wards, if thought desirable for their treatment. The attitude of the population of the city to municipal health enterprises is interesting. Thus stories are told of people who are quite well off sending their infants to the child welfare clinic. It has been stated that the health visitors sometimes say to parents, "Your child is ill, it must be taken to the clinic"; and that the parents take the word "must" literally. Some doctors assert that their practice amongst children has almost ceased, except for those *in articulo mortis*. One doctor regarded Bradford as so municipalized that the City Council now takes charge of the whole population "from conception to cremation." Bearing in mind the statement of a city councillor, that "If they were to have a new hospital, let it be provided out of the rates, so that every man could regard it as his right and not as a charity," it seems clear that very extensive use will be made of the municipal hospital in the future. At any rate, the existence of a number of full-time officers, stated to exceed twenty, for the purpose of carrying on the communal services in Bradford justifies the assumption that municipal institutions are, and will be, well patronized.

It is proposed, apparently, that charges shall be made to patients admitted to the hospital according to the means of each. But no special amenities will be provided for those who pay the larger sums. All will be treated, warded, and fed in the same way. This proposal simply carries on the method of the Poor Law, and seems a reasonable proposition; and in any case the present and fixed limits of the hospital do not permit of any extension to more or less privileged paying patients. But in some quarters it is felt that the municipal idea is so ingrained in Bradford that it is not unlikely that in course of time the City Council may erect or acquire nursing homes to which such members of the community as prefer a measure of privacy may resort.

An endeavour has here been made to set forth as clearly as possible the proposals with regard to the future of Bradford's municipal hospital, which is already in existence. In conclusion, I may perhaps be allowed to indicate my own feelings on some of the proposals, and the lines on which I think those involved or interested in the scheme might reach a better understanding.

As regards the community of Bradford their attitude would seem to be such that nothing is likely to alter their determination to avail themselves of their municipal hospital, though many, even of the Poor Law patients, are anxious to pay their contribution towards their maintenance. Rate-supported hospitals have come and will come in increasing numbers. To the City Fathers of Bradford, however, certain suggestions may be made. Are they sure that they are wise in their endeavour to stamp out voluntary effort? Is it not possible that the Bradford-Royal Infirmary, even if it has fallen on evil days, is something that they might reasonably be proud of? Again, may there

not be many things in the management of voluntary hospitals which are worthy of adoption in hospitals under municipal control? Of such a nature, it may be suggested, is the system by which a committee of the staff is responsible for what may be called professional administration, rather than the method of placing a consulting staff under the charge of a whole-time medical superintendent. Again, it would seem well, in organizing a hospital, to enlist the sympathy and assistance of as wide a circle of the local medical profession as possible, rather than to proceed by methods of "secret diplomacy." Lastly, why should attempts be made to fetter part-time medical officers in the use they make of time which is not paid for by the City Council?

So far as the consultant in Bradford is concerned, it would seem that his right course is to take care that the conditions under which he accepts service in the municipal hospital are consonant with his position in the profession. And herein he should be helped by the powerful bodies with which he is associated. It should not be beyond the power of the Royal Colleges and of the British Medical Association to arrive at an amicable understanding with the City Council, seeing that only on such an understanding will the Council make its hospital a success. As regards the general practitioner, I feel that he is inclined to make claims with regard to his position *vis-à-vis* the hospital which can hardly be described as workable. Some modification is required; but mainly he should concentrate on obtaining a voice in the organization of such a venture as Bradford's by means of medical representatives or a medical advisory committee. Finally, may it not be well that the Minister of Health should withhold approval of a scheme embodying such principles as that of Bradford until some measure of consultation with the medical profession has been achieved?

WAR PROBLEMS IN CIVIL LIFE.

THE aftermath of war has left many problems of treatment to be solved by practitioners and the medical officers of the Ministry of Pensions, many of whom have not had the opportunity of seeing the early and acute stages of the various diseases, and hence are handicapped in dealing with the chronic conditions which have supervened. The tropical diseases, trench fever, and gas poisoning, are instances of the new problems now facing the general practitioner, and to assist him by supplying in compact form information on these conditions the Ministry of Pensions has, in consultation with the Ministry of Health, issued a small handbook,¹ which should be in the hands of every medical man who may be called upon to deal with ex-service men. It has been prepared for the Ministry by Dr. G. S. Buchanan, Lieut.-Colonel S. P. James, Dr. G. Basil Price, and Dr. A. Bertram Soltau, each of whom has had special experience in dealing with these particular infections, and therefore it may be regarded as an authoritative presentation of established knowledge.

In the introduction attention is called to the tropical diseases clinics, which are now established by the Ministry of Pensions in all large centres, where consultative advice by specialists and, if necessary, treatment are available for all pensioners suffering from such infections. We understand that similar clinics for cardiac and for neurasthenic conditions are also being set up, and perhaps the Ministry will consider the advisability of issuing a handbook on these conditions like that now under review. The frank statement as to the misinterpretation of cardiac signs and symptoms which Dr. Thomas Lewis recently made at Cardiff² would suggest that the profession needs a good deal of further information on this subject. The more such knowledge can be disseminated the better it will be, for there is no inherent reason why the great bulk of the after-war conditions should not be treated by the general practitioners, thus obviating the necessity for the further extension of another specialized branch of State medicine. The Minister of Pensions recently stated that one-fifth of the medical men in the country were now engaged by his

¹ Notes and Suggestions on (1) Dysentery and certain other Tropical Diseases, (2) Trench Fever, (3) Gas Poisoning and its Sequelae, in Relation to Disabled Ex-Service Officers and Men. H.M. Stationery Office. 6d. net.

² BRITISH MEDICAL JOURNAL, September 25th, 1920.