dealt with under the Criminal Law, the tendency even more than at present would be towards the concealment of the disease. In the present state of public opinion the transmission of the disease was a social and not a criminal offence, but if public opinion advanced, in ten years it might be possible to deal with it more severely. Dr. Farquharson asked if the witness held that the moral guilt was greater in the case of a person who knowingly transmitted the disease than in the case of a person who knowingly exposed himself to the disease. Lord Gorell replied that if it were treated as an offence against public health the blame would be the same in both cases.

In answer to the Chairman, Lord Gorell said he did not suggest that the Committee should drop the clause constituting as an offence the transmission of disease knowingly, but that they should amend it and recommend that it should be embodied in a public health bill. To abandon the clause would give the public the impression that there was indifference as to the matter. Lord Gorell said he would not forbid the supply of drugs to prevent venereal disease, but he was not in favour of giving prophylactics to the general public to use as they pleased. The only difference between his council and the Society for the Prevention of Venereal Disease was upon that one point. The whole question medically was whether the distribution of these things would prevent infection.

Public Health (Tuberculosis) Bill.

The Minister of Health has introduced in the House of Commons this week a bill "to make further provision with respect to arrangements by local authorities for the treatment of tuberculosis."

Clause 1 imposes on county and county borough councils the duty of providing, to the satisfaction of the Minister, for the treatment of tuberculosis in sanatoriums or other approved institutions, and gives them power to erect and maintain such institutions; should a council fail in this duty the Minister may arrange for the obligation to be carried out by any other local authority or persons, and confer on them the necessary powers; any expenses incurred thereby may be paid in the first instance by the Minister out of moneys provided by Parliament, and are recoverable from the council. A council may exercise any of its powers in relation to the treatment of tuberculosis (other than the power to raise a rate or borrow money) through a committee, of which one-third may consist of persons who are not members of the council, but are specially qualified by training or experience in matters relating to the treatment of tuberculosis. Clause 2 makes it lawful for county or county borough councils or the Metropolitan Asylums Board, subject to the Minister's approval, to provide and maintain village settlements for tuberculous persons and their families; and for county, county borough, and metropolitan borough councils to provide and maintain non-residential establishments for tuberculous persons. Where an approved voluntary association obtains the Minister's approval of a scheme for providing houses in a village settlement for tuberculous persons and their families, money may be advanced on loan for this purpose by the Public Works Loan Commissioners, and contributions towards its cost may be paid by the Minister, with the Treasury's consent, out of moneys provided by Parliament. Clause 3 permits councils, with the Minister's approval, to contribute to the expenses of any committee or body approved for the care or assistance of tuberculous persons or their families, and to provide for lectures and the spread of information on the prevention and treatment of tuberculosis. Clause 4 empowers the Metropolitan Asylums Board to contract with councils for the reception of tuberculous patients in its institutions. Clause 5 governs the defrayment of expenses and the power to borrow money. Clause 6 modifies the measure in its application to Scotland, and declares that it shall not apply to Ireland.

The Census Order.—The Census Act, 1920, provides that the date and method of taking a census for Great Britain and the particulars to be stated in returns shall be laid down by an Order in Council. A draft Order names April 24th, 1921, as the census day. The schedule of particulars to be stated in the returns has no entry relating to disease or defect in mind or body.

Appeals from Pensions Tribunals.—Mr. Pennefather asked if the Minister of Pensions was aware that nearly one applicant in every three who appealed to the Ministry of Pensions tribunal was successful in his appeal; and if he would take such steps as might be necessary to avoid putting so many persons to the trouble of appealing. Major Tryon replied that the proportion of persons successfully appealing to the tribunals was approximately as stated, but it was necessary to bear in mind that the proportion of appeals to rejected claims was less than 15 per cent. Thus the successful appeals represented less than 5 per cent. of the adverse decisions given by the Ministry, and this fact might, he thought, be regarded as a testimony to the care with which all claims were considered in the first place. No claim was rejected by the Ministry without the most careful consideration of all the relevant facts of the case, and it was not thought by the Minister that any further steps in the direction suggested could be reasonably expected of him.

MOTOR NOTES FOR MEDICAL MEN.

By H. MASSAC BUIST.

THE MOTOR SHOW IN REVIEW.

THERE is little of interest to the medical man to add to the notes published in this JOURNAL last week on the exhibits at the Motor Show, which concludes at Olympia, Kensington, and the White City, Shepherd's Bush, London, on Saturday, November 13th. True there are an even greater number of small cars, particularly at the White City, than were mentioned individually in these columns. But investigation proves that the very large number of exhibitors in this section seem to be either more or less in the position of little local assemblers, such as were characteristic at one time of the cycle industry, or they place on the market vehicles put together from components bought, and sometimes assembled, in America. Indeed, one piece of advice that may be given to the profession is the need to make assurance doubly sure as to the place of origin of all the components of a car; not that it matters which country any particular component comes from, but it does matter very considerably from what particular enterprise each part is issued. That throws light on the ability of the firm from whom a vehicle might be bought to carry out its obligations alike as to guarantee for the usual term and as to supplying spare parts as and when they are needed. It would seem that a number of vehicles shown in this small section are simply the first examples of their kind that have been put together, so that there can be little or no experimental work behind them. Those staging them could not tell accurately how they will work for three months at a spell, and in many cases they have not had one example on the road more than a few miles! Therefore this is a section in which it would be advisable to recommend the medical man to go very cautiously. The width of choice is most welcome as indicating merely that there is a large public demand for small vehicles. But when brought down to responsible firms the choice is really extremely limited. This does not mean necessarily that there is no chance for a new firm. On the contrary, one may take as an example the Galloway, from Scotland. This little car—which has incidentally a novel form of spring gaiter, in that the main portion is fashioned of aluminium—is designed by Mr. T. C. Pullinger, managing director of the Arrol-Johnston company, and is an effort at an entirely new scheme of manufacturing, the financial details of which may not be published yet. It may, however, be indicated that the notion is that, in this case, the workmen shall have the opportunity of practically owning the business once it is launched. The chief of a very big Scottish engineering house is at the back of this venture.

The Two-cylinder Vogue.

Some of the makers of new small cars seize on the apparent vogue for the two-cylinder air-cooled type of engine, imagining they can improve on such schemes merely by fitting the two-cylinder water-cooled type of engine, sometimes of V-form, sometimes of horizontal type. A few even favour the vertical type which was much in vogue until before the war, the cheap four-cylinder motor appeared to displace it because the balance was much better. In the post-war era the two-cylinder revival seems to be justified mainly by reason of motor-cycle practice, combined with aviation engine experience, enabling designers to furnish this form of power plant in the air-cooled form. One cannot see much use for the two-cylinder engine of the water-cooled type. On the other hand, as employed on the air-cooled principle it is much cheaper to make, and one puts up with the one fault—the relative absence of balance—by reason of the many other gains in these days of necessarily expensive materials and labour. This type can be constructed of considerable size and power, yet of light weight and cost.

Of established makes that depart from convention as regards design, the G.W.K. is shown in chassis form in a manner which makes the method of friction drive at the rear explicable to the least technical. The present condition of labour and materials is reflected in the manner in which a well known small car—the 9½ hp

Treasury rating, four-cylinder, water-cooled Briton—is marketed, namely, as a two-seater complete at £455 *plus* £50 surcharge. The 10-12-h.p. four-cylinder type is shown at £460 *plus* £50 surcharge. The latter is a *de luxe* type, having 5 mm. bigger bore measurement and 10 mm. longer piston travel. A firm that has established itself in the motor cycle industry for a long time (Douglas Motors of Bristol) introduces a 10½-h.p. two-cylinder chassis, the engine being built on the horizontally opposed principle. This vehicle is staged alike with two-three seater and with four-seater coachwork. The smallest De Dion Bouton chassis shown is a 12.1-h.p. Treasury-rating four-cylinder water-cooled model, the chassis of which costs £600. Fitted with a three-quarter coupé cabriolet body, it is marketed at an inclusive provisional price of £940. The chassis price of the 15.3-h.p. Treasury rating four-cylinder Thor car shown by Simpson Taylor is £425, including an Allis-Chalmers engine-starting and car-lighting set. The price of this vehicle fitted with London-built coupé body is £650. The car is more or less on the typical American lines of designing a vehicle of this size and power, save that the rear suspension is by cantilever springs.

An electrically propelled bath chair is shown by J. and A. Carter, the propulsive force being a ½-h.p. electric motor set directly above the two small front wheels and driving direct to the front axle. The current is obtained from a series of accumulators stored neatly under the seat. The batteries have a capacity of 36 ampère-hours and give current for a distance of 20 miles per charge. The simple control is by a single lever in the right side of the chair. By moving this forward four speeds can be attained, ranging from a crawling pace to five miles an hour. Ordinary gradients can be negotiated with ease. A reverse can be obtained on each speed. As soon as the current is switched off the hand brake acts on the back wheels. There is besides on the left an emergency hand brake worked on a ratchet; this can be left on when the chair is unattended.

MEDICINE IN THE SCHOOLS.

SIR GEORGE NEWMAN's annual report for 1919 as Chief Medical Officer of the Board of Education follows hard upon the heels of his report as Chief Medical Officer of the Ministry of Health, and it is to be remembered that the work of medical inspection and treatment is conducted by the Board of Education under the authority of the Minister of Health and that close co-operation between the two departments exists.

Results of Medical Inspection.

The School Medical Service was established in 1907 for the medical inspection of children at elementary schools. The results of inspection raised the whole question of treatment—medical and educational—in the clinic and in the school, and fresh emphasis was given to preventive methods. Thus it has come about that the School Medical Service now means a comprehensive scheme of child welfare for children of school age, including (1) the medical inspection of children and young persons in elementary, secondary, and continuation schools; (2) medical and dental treatment; (3) hygiene, physical training, and open-air education; (4) provision of school meals where necessary; (5) special schools for the blind, deaf, defective, and subnormal children; (6) the restriction of child employment; (7) the control of infective disease in schools; (8) nursery schools.

The results of inspection during 1919 differ, it is stated, very little from those of previous years: about 49 per cent. of the children examined in the course of routine inspection were found to have one or more defects. Children absent owing to illness are not included; they constitute a separate problem. The gross defects are, on the whole, declining steadily, and a comparison between the 8-year-old children and the 12-year-old shows an improvement in cleanliness, dental condition, nutrition, and diseases of the nose, throat, and lungs. On the other hand there is some deterioration in respect of heart, liver, and deformities.

Crippled Children.

Thanks, perhaps, partly to the war, through the increased attention it caused to be given to traumatic deformities, considerable progress is being made in the

arrangements for provision and treatment of deformity in childhood. The Education Act of 1918 extended to the case of physically defective children the duty imposed on the local education authority by the Act of 1914 to make suitable provision for the education of mentally defective children. Since April last the authority is required to ascertain what children in its area are physically defective and to make provision for them. Here again, as Sir George Newman points out, we have the old story of the voluntary pioneer preparing the way for the State. It was in 1851 that the Cripples' Home was founded in Marylebone, and in 1865 that the National Industrial Home for Crippled Boys was started in Kensington.

Sir George Newman pays an eloquent tribute to the achievements of orthopaedics, and then states that the policy of the Board of Education is designed to allow the local authorities to make provision for the education, proper housing, and physical welfare of all crippled children, including, when satisfactory arrangements can be made, little children from the age of 2 years upwards. The first step a local education authority must take is to ascertain the number of crippled children in its area, and certain preliminary inquiries show that the ratio varies very greatly in different areas—from 3.5 per 1,000 in a county area to 13.9 in London, 14.1 in Manchester, 19.9 in Shropshire, and 22.9 in an area just outside Manchester. The figures suggest that one cause of the variation in the ratio is that the inquiry has been made more carefully in some districts than in others. It is suggested, after making all allowances, that between ½ and 1 per cent. of the children of school age require treatment and education as cripples; this would mean from 30,000 to 60,000 children in total. As to the cause of crippling, Dr. Hamer's statistics for London suggest tuberculosis as the most important single cause, next comes acute poliomyelitis, and next congenital defect.

A scheme for the treatment of crippling defects must, it is pointed out, fulfil certain principles: the first is that the child must be brought under treatment as early as possible; the second, that the treatment must be prolonged; the third, that after-care must be provided to maintain the treatment applied in hospital and to guard against relapse; the fourth is that suitable educational provision must be made during the long sojourn in hospital necessary to most courses of treatment. Finally the treatment must be comprehensive and effectual. These principles are practically those laid down by Sir Robert Jones and Mr. Girdlestone in the article they published in this JOURNAL on May 22nd 1, 1920.

A number of residential schools for crippled children have been established in various parts of the country; thus there are fourteen for cripples and nineteen for non-pulmonary tuberculosis; in addition, seven residential open-air schools take in non-pulmonary tuberculous children. There are also fifty-seven day schools, providing accommodation for over 5,000 physically defective children; at each of these is a nurse, who takes the children to school in an ambulance, inspects splints, and assists at the medical inspections.

Schemes for organizing the treatment of cripples have been instituted in several localities by voluntary committees. The Shropshire scheme, which has grown out of the pioneer work of Miss Hunt at Baschurch, has been fully described in our columns. There is a similar scheme in North Staffordshire. A scheme for Oxfordshire, Berkshire, and Buckinghamshire is being organized by Mr. S. R. Girdlestone, and a scheme for Westmorland, including an orthopaedic hospital at Calgarth Park, Windermere, is being got into working order.

The need for close and continuous co-operation between voluntary agencies and associations and the more official work of the local authorities is insisted upon, but it would appear that the progress of the schemes is being hampered by their high cost, one item in which is the price of apparatus. Economy in the latter respect might be effected had each orthopaedic institution a workshop of its own. As to the nature of the institution, preference is expressed for the residential school which provides early education, long treatment, educational facilities, and open-air conditions; at the same time it is less expensive than a hospital. The child should be got out of the hospital and into a residential school as soon as the special treatment provided by the hospital is completed.

(To be continued.)