headings; (b) secondarily, by the inclusion under saturnism of cases of death due to other causes.

"2. As to morbidity, by defects in notification and certification and by other imperfections."

As to the second question the Committee reported that:

"By far the most important danger is from dust which enters through the nose and mouth."

Of late years I have given much further attention to the effect of chemically neutral substances, anaesthetics and antiseptics, on living tissues. Their penetrating power and their power of exciting disturbances within the normal cell is astounding. My considered opinion is that the medical profession has yet to appreciate the insidious and often deep-seated effects that may be produced by repeated and continued exposure even to small amounts of vapours such as that of turpentine. Painters are known to be subject to sicknesses from which lead workers are as a rule free—such as kidney complaints and hardening of the arteries. It will be necessary to take careful note of the influence of such exposure in any future attempts to diagnose the symptoms and assess the danger arising from the use of lead paints.

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ST. BRENDA'S PRIVATE HOSPITAL, BRISTOL:

A HOSPITAL FOR PAYING PATIENTS.

BY

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In the issue of the *BRITISH MEDICAL JOURNAL* for February 21st, 1920, Mr. William Billington published an article on the St. Chad's Private Hospital, Birmingham, and on July 16th, 1921, a discussion was opened at the Royal Society of Medicine by Sir Thomas Horder on the private clinic system. The following account of a private hospital which has been started in Bristol under the group system, and which is intended for patients of limited means, may therefore be of interest at the present juncture.

In Bristol, as in Birmingham, there was no provision for that large number of patients who were unable to afford the heavy expenses incident to an operation in a private nursing home, and who yet were not of the class for whom the voluntary hospitals are primarily intended—a state of affairs which is bound to lead to hospital abuse. It was felt, therefore, that a non-charitable, self-supporting institution, like that in Birmingham, which would take these patients at fees well within their means and give them all the advantages of the up-to-date modern hospital, would be a great boon, not only to the patients themselves but, it was hoped, also to their family doctors.

In drawing up the lines on which the hospital should be run there were obviously two schemes to be considered—one in which the institution should be run on the lines of St. Chad's; the other, in which it should be run in the same way as a modern general hospital, with its own staff and a fixed scale of fees. After a good deal of deliberation the second alternative was decided upon, and it was further laid down as a fundamental principle that no patient should be admitted without a note of recommendation from his own doctor.

Finance.

It was decided that no financial assistance should be sought from the general public, so that the staff, and the staff alone, would have the management, thus eliminating the danger of lay control with its desire for financial success and temptation to advertise, which would surely follow, as pointed out by Mr. Bishop Harman.

The fees to be charged were next decided. With these as a basis, it was resolved to start with 40 beds. Careful calculation and inquiry showed that, with 40 beds and the low fees, the hospital must be run on the small ward system, as separate rooms would mean too high fees for the restricted incomes of the patients to be catered for. Having arrived at this point, the number of the staff was decided upon as follows: Two surgeons, two physicians, a gynaecologist, an ophthalmic surgeon, a dermatologist, a surgeon in charge of the ear, nose, and throat department, two anaesthetists, a skiagraphist, and a bacteriologist, all of whom are on the junior staff of either the Bristol Royal Infirmary or the Bristol General Hospital and the Clinical Board of the University of Bristol.

Legal advice was then sought, and the twelve members of the staff formed themselves into a limited liability company. The company has issued ordinary and preference shares, all of which are at present held by the staff.

This is the present constitution of St. Brenda's, but it is meant to be only a temporary phase. The number of beds we could afford to open was limited, thus limiting the staff. This limited staff, on the advice of the lawyers, became a limited liability company. But the intention is not to rest here. As the hospital grows, and we have experience enough to show that it will grow, the staff is to be enlarged. It is hoped that when debentures have been paid off the constitution will be altered to take in the bulk of the junior staffs of the Bristol hospitals.

Premises.

The question of premises was one of the greatest difficulties the staff had to face. Building, at present prices, was out of the question, so, after a considerable amount of trouble, two large semi-detached dwelling houses in Clifton Park, close to the Clifton Downs, were secured and thrown together, and converted into a hospital on the small ward system. The majority of the wards contain three or four beds. There are two floors available for wards. The ground floor contains the surgical beds, the theatre and x-ray installation, and the second floor the labour ward, nursery, medical wards, and day rooms for men and women. This provides accommodation for forty beds. The pathological department and the dark rooms are in the basement. The rooms are lofty and well ventilated, and central heating has been installed.

The hospital is run on the lines of an ordinary general hospital. A great feature is "team work," and patients are more thoroughly overhauled than is usual in a general hospital. Very close touch is kept with the general practitioner who sends the case in. He is given a preliminary report on his case, and, if necessary, an intermediate one. On the discharge of the patient he receives a full account of the progress, treatment, and suggestions for further treatment. In any case of difficulty he is called in to the consultation, and is always warned as to the time of operation in a surgical case. Careful records of each patient are kept by the registrar.

The fees are 3 guineas a week for maintenance, 1½ guineas for professional attendance, and from 2 to 10 guineas for operations, according to their severity, and from 1 to 3 guineas for special investigations, such as x rays. No charge is made for routine clinical pathology, drugs, or dressings.

The hospital has been opened six months, and it has been found that the system works admirably. A factor which is greatly appreciated by the general practitioner and the patient is that the cost of treatment, investigation, or operation is known beforehand, as there are no extras whatever.

THE Swedish Parliament has allotted 6,000 kronen for the establishment of an institute for racial biology at Upsala, under the direction of Professor Lundborg.

The *Gazette Hebdomadaire* states that there are 22,990 medical practitioners in France and its colonies, of whom 5,415 reside in Paris.

THE London County Council is urging the Government to take steps to introduce legislation to give permanent effect to emergency measures passed during the war to permit a reduction in the number of jurors on coroners' inquests and to allow a jury to be dispensed with altogether in certain cases. In three districts, out of 152 inquests, 140 were held without a jury, with no complaint and with a great saving of expenditure.