MOTOR NOTES FOR MEDICAL MEN.

By H. MASSAC BUIST.

THE LOT OF DOCTORS WITHOUT CARS.

WHILE the technical motor press has been issuing weekly numbers of at least pre-war proportions and chiefly concerned editorially with descriptions of so-called 1919 chassis, the fact is that the labour and other troubles have prevented such vehicles issuing in standard form in any appreciable quantity. As the facility of motoring does not consist in providing the public with reading matter about cars alleged to be in process of manufacture or supposed to be on the market, but in providing the actual car ready for service, one has reluctantly come to the conclusion that it is quite idle to give any more attention to the announcement of programmes for the time being.

But inasmuch that there is no gainsaying that the motoring lot of the medical man, especially if he sold his car on joining the service, is far from happy, it becomes a duty to give thought to the possibility of some scheme for providing essential facilities to those whose work is vital to the well-being of the community at large. It is easy to summarize the various directions in which a solution of the passing trouble cannot be sought. Allowing for happy exceptions, in the main the acquisition of used cars is not a satisfactory matter for the medical man from the mechanical point of view, while from the financial standpoint it would be grossly inadvisable, in that, though prices are not as wildly inflated as they were, nevertheless they are nothing like back to normal. It must be had in mind, too, that price fluctuations react always in exaggerated fashion, so that when the price begins to drop second-hand cars will fall far below their proper value when the inevitable occurs, as it must within twelve months.

As medical men cannot be numbered among the profiteers, the notion of risking a heavy loss in the way of depreciation of capital expenditure to solve a temporary problem is not to be contemplated. Besides, already here and there one hears of folk getting real bargains in used cars; consequently it is not at any given time possible to determine what is a fair current price of such an article. For instance, the other day I came across a man who acquired a Morris-Oxford light car which had not done more than 1,200 miles, and was in excellent condition, for £100; whereas the majority of light cars of that and other makers are commanding at least their original cost and some of them more.

TEMPTING PRICE SCHEMES THAT DO NOT MATERIALIZE.

The prices of such few examples of the current season's British production as are issuing are wellnigh prohibitive to the average medical man, apart from the fact that it is next to impossible to get delivery, as little or no reliance can be placed on promises as to dates. The very prices fluctuate, as they must necessarily do, for the Government is striking at the roots of industry in its dealings with the coal miners, who have lost the sense of the relation of the part to the whole—otherwise of themselves to the State and of this country to the rest of the world.

The only fresh point of the situation since last it was touched on would appear to be that the speculating company promoter sees a golden opportunity in the present troubles to float enterprises with large capitals with nothing more than the scheme of a car on a piece of paper, and the statement of the price at which it is to be marketed—which, seemingly, is not that at which the thing can be done, but that at which the public would like to be able to obtain a vehicle of whatever kind may be in question. Therefore medical men may avoid being disappointed if they will not allow themselves to build false hopes on propositions of this character. The most I have discovered about so-called mass-production propositions of this caste to date is that, after going to allotment, hasty endeavours have been made to get together at least ten chassis in a hurry. If the public knew the little backyards and places where the parts and bodies are produced to serve such shifts, there would be no more chances of success for ventures of this sort. The medical man will not help himself by believing that, because he has placed an order, as numbers have done, satisfactory vehicles of the kind specified will materialize to schedule at the prices contracted for.

CAUSES OF DELAY.

As for the established section of the industry which has goodwill to lose, it is frankly unable to keep to programme either as to price or deliveries. Under a hundred heads its cost factors alter every month. It is rarely free of labour disputes in less than 5 per cent. of the total number of trades concerned in car production. Of course, it only needs a hold-up in one department to bring to a stop the production of a whole factory. Moreover, apart from the fact that the accessory industries are equally handicapped, and are therefore in the main also behind with deliveries, thereby constituting another cause of delay to the car-makers' output, the quality of the work of many of the key industries concerned with automobilism, and whose products have also to be purchased at post-war prices, is quite impossible. Take the foundry trade. In one case I know of, a British firm has hundreds of thousands of pounds locked up in cars that cannot be issued for lack of engines because it had to reject no fewer than 85 per cent. of the cylinder castings it has received. In another firm rejections under this head have averaged over 60 per cent.

GOVERNMENT PROFITTEERING.

One does not draw aside the curtain to the medical profession for the purpose of creating depression, however, but merely because we must know the worst before we can see what is the most acceptable remedy that can be suggested at the moment. The Surplus Government Property Disposal Board has lately been advertising practically everything save motor cars for disposal; yet there are still large numbers of middle-sized vehicles to be disposed of and, perhaps, a few small ones. The trade seems to have had the opportunity of snaffing most of the latter when many Singer light cars were sold some months ago. These are really the only sort of war cars suitable for the average suburban or country practitioner, in that, with the exception of a certain number of Rovers, bought at one period for the use of the Royal Naval Air Service, a somewhat larger size of car, such as notably the 16-20 h.p. Sunbeam and the 25 h.p. Vauxhall, they are the minimum types that were needed to stand up to the work of light transport in the war zones. Though they are, perhaps, a degree too large for the ordinary medical man, provided he could acquire them at a reasonable price, it might pay him better to make use of such vehicles for the time being.

Unfortunately the Government seems to have gone in for a profiteering policy of its own in regard to disposing of motor vehicles, having actually sold one car requisitioned at the beginning of the war at double the price it gave for it then, yet the car has done four and a half years' service in the interval. The defence of the department concerned is that it took its chance of market fluctuations, and the value of the article having risen in the interval, it stands to gain in this instance. In face of the fact that this is the only Government department that ran itself from the point of view to profit and loss, and not for the sole purpose of defeating the enemy, the medical profession, which has done all the sacrificing and no profiteering, has happily a lever to use with the Government in demanding reasonable consideration at this moment.

HOW THE AUTHORITIES COULD HELP DOCTORS.

At the end of the war the big motor fuel distributing companies, which were completely disorganized, were short of lorries for deliveries. The British manufacturers with whom they had placed orders were woefully behind programme owing to labour troubles. In face of threatened strikes, however, it was essential to ensure that the motor vehicles of the country would be usable in the event of a hold up; therefore, the Government gave facilities to the petrol distributors to acquire large numbers of lorries no longer needed for the war. Some were new; some were used. Between them the emergency was satisfactorily provided for.

Therefore, the obvious argument is that, motor vehicles being essential to the work of the medical profession and its services essential to the well-being of the community, the Government must extend to the medical profession special facilities for acquiring all motor vehicles which it has to dispose of which could be in any way serviceable to doctors. All it has to do is to rule that they are to have the first opportunity of buying all such vehicles, instead of

their disposal being, as it has been to date, a golden opportunity for motor dealers to line their pockets.

OUTLINE OF A SCHEME.

If it is argued that it is impossible for the Government to deal with doctors individually, the answer is that the medical profession could be advised through its representative body of the total number and types of likely cars to be disposed of month by month and the prices required for them. Individual medical men could advise the Association, which could place its order in the gross. The cars could be grouped as new and those that have seen service but are properly repaired and in usable condition. Inasmuch as in disposing of surgical and dental instruments and appliances the Surplus Government Property Disposal Board makes special offers to demobilized R.A.M.C. officers and army dental surgeons at a discount of 10 per cent. for new goods and 33½ per cent. for used ones under the prices laid down in the priced list of medical stores, 1917, the same privilege ought to be extended in respect of the cars to be disposed of, in that medical men who sold their own vehicles to join the services in the great national emergency disposed of them before the artificial rise in prices occurred, and ought not to be penalized by the country for their self-sacrifice and patriotism.

For the rest, we may expect some lock-outs in the motor and allied industries now that the Government has decided to cease arbitrating in labour disputes, with the almost invariable result of arranging that higher wages shall be paid for less output. Moreover, the American industry will be at 100 per cent. production of post-war capacity by January 1st, and the Government has to settle with the importers at the end of this month. Therefore, the disease of unrest and insufficient output looks like being cured in some measure at no distant date.

A NOTE ABOUT FUEL.

The motor fuel situation is clearing gradually. The distributors of the country have given themselves until October 31st for what they call the reinstatement period, after which they expect conditions to be quite normal. Meantime, deliveries of cans, of which there was a great shortage, are coming through satisfactorily, and all the spirit being issued from now onwards by the leading distributors is of their own selection, purchasing, and importing. Therefore, unless the Government thrusts more of its own "faked" war spirit on to the public, of which there is no immediate prospect, it only remains for the stocks held by the retailers to be exhausted by the public before the motorists of the country will be supplied with post-war or ordinary motor spirit under the various brand names which have been revived to distinguish such fuel from the Government's war-time imports.

It is to the interest of the individual medical practitioner to make it known as widely as possible that users of utility motor vehicles, who are complicating the situation by their demands for No. 1 motor spirit, may return to "Taxibus," for instance, thereby relieving the disproportionate present demand for Pratts' Perfection, Shell No. 1, or what not.

Moreover, benzol, such as the Anglo-American Oil Company distribute, is bought from members of the National Benzol Association under the guarantee that it is up to their standard specification, therefore there should be no occasion to be shy of using it in a proportion which, I suggest, should not exceed one part to three of petrol. Retailers expressing inability to supply such benzol should be told that the company has such quantities that it is "clogging its stores," and "wishes the public would ask for it."

THE Bureau of Census, Washington, has issued a preliminary report which shows that in the birth registration area of the United States, which includes about 53 per cent. of the estimated population of the Union, 1,353,792 infants were born alive in 1917. This represents a birth rate of 24.6 per 1,000 of population. The births exceeded the deaths by 74.4 per cent. The mortality rate for infants under 1 year averaged 93.8 per 1,000 living births. The excess of the birth over the death rate for 1917, which amounted to 10.5 per 1,000, was somewhat greater than the corresponding excess for 1916—10.1 per 1,000—although it fell slightly below that of 1915.

THE ROYAL SANITARY INSTITUTE.

THE thirtieth Congress of the Royal Sanitary Institute, held in Newcastle upon-Tyne from July 28th to August 2nd, was attended by some 1,073 persons, including official representatives from many allied and neutral powers, colonial Governments, the Admiralty, the War Office, and the Ministry of Health.

A large programme of work was provided, and in addition to sectional meetings dealing with (A) Sanitary Science and Preventive Medicine, (B) Engineering and Architecture, (C) Hygiene of Maternity and Child Welfare, (D) Personal and Domestic Hygiene, and (E) Industrial Hygiene, six conferences were held by representatives of sanitary authorities, representatives of port sanitary authorities, medical officers of health, engineers and surveyors, veterinary inspectors, and sanitary inspectors and health visitors.

The twenty official meetings were well attended, and the eighty-three addresses, lectures, and papers presented to the Congress were in most cases followed by keen discussion and debate.

In his inaugural address the President, the Duke of Northumberland, welcomed the delegates to this Congress, which he stated was probably the most important ever held by the Royal Sanitary Institute, as it would enable the lessons in preventive medicine learnt during the war to be applied to the prevention of disease amongst the industrial population.

SECTION A.—SANITARY SCIENCE AND PREVENTIVE MEDICINE.

Professor Sir G. Sims Woodhead, the president of the section, was unfortunately unable to be present owing to illness, but his address was presented by Dr. W. J. Howarth. In it he stated that as a result of the war the value of the individual to the State had come to be fully appreciated and much had been learnt as to the possibilities of saving life. He advocated State-aided research into the causes of disease, and said that the knowledge so obtained should be widely disseminated to prepare the way for legislation.

Two sessions were devoted to the work of the section. At the first the subject for discussion was the rat problem, and papers were submitted dealing with the zoology of rats, their relation to disease, and measures for controlling the rat population. The treatment and prophylaxis of venereal diseases was discussed at the second session, which was the best attended sectional meeting of the Congress. The balance of opinion was against the use of prophylactics, on the score of sentimentality.

SECTION B.—ENGINEERING AND ARCHITECTURE.

The President, Major-General Scott Moncrieff, K.C.B. (late R.E.), traced briefly the improvements which had been effected in the construction of barracks and hospitals for one section of the population, namely, the army.

Mr. R. Brown, of the Ministry of Health, said that the Government were anxious for schemes to be submitted by local authorities as early as possible, and would assist with labour, transport, and material, of which last they had more in hand than was likely to be required for some time. The Government aimed at 100,000 houses being built in the first year and 200,000 in the second.

Mr. Cotterell pointed out that opportunities were now offered to develop new towns on carefully planned lines, and new schemes should be so arranged as to form the nucleus of new and improved industrial centres.

Mr. W. H. Knowles, F.R.I.B.A., suggested that a ring of schools should be built on the outskirts of every large city.

SECTION C.—HYGIENE OF MATERNITY AND CHILD WELFARE.

This proved the most popular section and showed the highest average attendance.

The first subject discussed was the unmarried mother and her child, and it was argued that the question of proper provision for mother and child was a national responsibility and should not be a local burden.

Dr. H. Scurfield (M.O.H. Sheffield) read a paper on mothers' pensions, and following upon it a resolution was passed and forwarded to the Council of the Royal Sanitary Institute requesting them to consider the advisability of urging the Ministry of Health to adopt a system of mothers' pensions which would enable necessitous widows, deserted