MOTOR NOTES FOR MEDICAL MEN.

BY H. MASSAC BUIST.

MORE CARS FROM AMERICA.

THE Government has just granted a concession whereby importers of American cars are allowed to bring into this country a total of 5,000 complete vehicles, or chassis, during the next few months. Despite the fact that some argue that this is a concession in name only in that shipping accommodation has to be discovered and that delays at our docks are great, therefore we are not to expect any of these cars in 1919, the Government's concession is calculated to interest the medical profession directly, for the simple reason that the traders concerned had made every arrangement for availing themselves of the concession before they received it. They are experiencing no difficulty in securing the tonnage. The American Government, keen on securing export trade, puts no difficulty in their way. Once the vehicles reach our ports, the importers can be trusted to get them landed and delivered in any circumstances short of a national hold-up at the docks, for they are picking their boats, otherwise their ports. Hence troubles or delays at Liverpool, for instance, mean only that they are not shipping to that port. The contention advanced in one quarter that America, herself experiencing a car shortage, would never tolerate the export market being served before the home, need dash no hopes, for the simple reason that, even before an armistice was asked for last November, the American industry had arranged that, no matter how short the home market went, the export market should have all the shipping the situation would permit of its receiving. The American principle of business is that there is only one great opportunity to be seized in securing the export markets, and that is immediately after the war, the firms that secure a hold then standing a good chance of retaining it permanently. For the rest, the American industry is confident that, when slackening business renders it possible to supply the entire home market as well as the export trade, on production costs alone it can outstep any European firms that shall have secured trade next year and in 1921 in the United States in face of the temporary car shortage.

Inasmuch as a number of American cars established on this market are suitable for doctors' service and will constitute the larger proportion of those about to be imported under the new concession, it is decidedly matter of interest to the medical profession. Indeed, the only comment is that in granting the concession the Board of Trade did not stipulate that a certain proportion of the cars brought in should be reserved for doctors.

THE RESCINDING OF WAR-TIME LIGHTING REGULATIONS.

The Home Office order rescinding the various regulations and restrictions in respect of vehicle lighting imposed under the Defence of the Realm Act is of considerable interest to doctors, because on the average they have to drive at night more than any other section of the passenger-car-using community. The result of rescinding these orders is that lights need no longer be carried when cattle are being moved along the highway; handcarts need not be lit, vehicles other than motors need have a light on one side only, pedal bicycles and horse-drawn vehicles can be inadequately illuminated, and motor-bicycle sidecars need carry no light to indicate the actual width of the outfit. On the other hand, the road-hog is free to use as excessively powerful and dazzling headlights as he chooses.

Doctors will fully appreciate the undesirability of a return to such a condition, which is worse than the lighting restrictions from which we have just been released, and which will renew the causes of a number of preventable classes of road accident. It may be a matter of departmental procedure that necessitates the rescinding of all lighting orders issued under the Defence of the Realm Act as a separate affair from imposing post-war lighting conditions devised as a result of the knowledge gained concerning public safety, and so on. Be that as it may, it is regrettable that post-war, as against pre-war, lighting regulations should not issue immediately, because an interval will lead both to confusion and complaint. Public as well as motoring opinion is ripe for such points as have been enumerated to be dealt with by the Home Office forthwith.

THE INCURABLE PATIENT.

BY HIMSELF.

How shall a doctor behave toward an incurable patient? Here I do not refer to the exhibition of palliative drugs, such as opium in cancer. What principles shall guide him in advising a marked man how to spend the limited remainder of his life?

First of all, what prognosis shall be expressed, and how? This depends on two things at least: it may depend on far more, but it certainly depends on the personalities of the doctor and the patient. There are some doctors who always give a cheery prognosis, and in a large number of instances—perhaps most—this is very acceptable, especially at first. On the side of the individual incurable patient the cheer given by bluff does not last long, and can only be given once; on the side of the doctor, the reputation for an invariably bright prognosis is, from the point of view of popularity and resulting emolument, a valuable one, but soon the prognosis itself will be valued in inverse ratio to the reputation. With some patients, and mostly with those sensitive patients who are most affected by prognosis, the bluffing manner defeats its own end; it is at once distrusted. The gloomy manner needs no condemnation, but has no worse result. From the effects of both there is a reaction, and there is this to be said in favour of the gloomy manner, that the reaction is in a better direction. But, after all, manner does not count for most, and any sincere manner is better than affectation. The main thing is that the prognosis given to an incurable patient should be honest.

As regards treatment, if the patient is incurable not much money or time should be spent in the pretext of attempting a cure. It is cruel to advise a man well gone in phthisis to spend his savings in treatment of his own condition. It were much better to spend it on or spare it for the hitherto unaffected members of his family. If without danger to others, he can carry on he is happier to work till he is 45 and die at 46 than to give in at 44 and decline till he is 60.

Then there is the matter of will making. It is not our business to pry into the legal affairs of our patients, but we are sometimes asked, "Do you think there is any danger? for if so I should like to see my lawyer at once." If the man is not too ill to see his lawyer there is no doubt what answer should be given; he should be advised in the affirmative, and it should be explained that this is no gauge of his condition. If we allow him to delay we may be asked the same question by another who has no time to put off, and the comparison of our answers, which takes place oftener than we know, is not cheering to the second man. If, on the other hand, the man is too ill to see his lawyer, then we cannot help it.

In religion we must guard against indifference to the patient's faith. However broad we ourselves may be, it may cause lifelong anxiety to a survivor to think that a friend has died without being duly prepared. It is unkind carelessly to allow that pain. We need not intrude our advice unasked, but when asked whether it is time to call in a priest or other spiritual adviser, if our answer err at all, it ought to err on the side of gravity. Shakespeare has poured bitter satire on the false optimist in his description of Falstaff's death (*King Henry V*, ii, 3).

The writer bears the burden of doctor and incurable patient both. He has found it cheering to look at the black side of things. Things turn out mostly lightish grey and sometimes white. He has seen his lawyer, made his will, and, on the assumption that he may die to-morrow, has kept his financial accounts well up to date. He does not shrink from looking forward, he can see no form through the mist, but he thinks there is a light; he thinks his hand is held. There are other doctor-patients like him, some of whom the Father honours as stronger children, not needing the hand-touch and the light. To all such he would shout "Cheerio!"

AN organization with the title "Medical Veterans of the World War" has been formed in America. The president is Professor Victor C. Vaughan of Ann Arbor University, Michigan; the vice-president is Admiral E. R. Stitt.

In October, 1918, there were 6,440 hospitals in the United States with a total number of 758,442 beds. Of these hospitals, 4,927 had from 10 to 100 beds, 817 from 100 to 200, 447 from 200 to 500, while 277 had over 500 beds.