2. The introduction of an amending Act for the care and control of the mentally defective.

3. Deals with the classes of persons supervised by the Board of Control.

4. (1) Amendment of the form of certificate, so that the words "mentally defective" take the place of the words "a lunatic, or an insane person, or an idiot, or person of unsound mind"; (2) there be printed on the back of the certificate the definitions of mentally defective persons referred to in Recommendation 3; (3) that the medical officer state in a note to the form which class, in his opinion, the mentally defective person comes.

5. An annual report to be issued by the Board of Control.

6. The powers and duties of the Board of Control.

7. Under an amending Act the local authority to make provision for the care and control of mentally defective persons.

8. Duties of the inspectors of poor.

9. Medical officers to be appointed by the local authority to assist them in the care and control of the mentally defective.

10. Duty of the local authority to receive requests for the care and control of mentally defective persons, and after making all necessary inquiry, to arrange for the admission of those mentally defective persons into suitable houses or institutions.

11. Discretion of the local authority as to the method of dealing with particular cases.

12. Local authority may, on payment, provide for non-pauper cases.

13. Financial assistance from the Exchequer may be granted to local authorities for the care and maintenance of mentally defective persons.

14. Audit of accounts of the local authority by a Government auditor.

15. Time of residence in any institution for the mentally defective not to count for acquisition of settlement.

16. Local authority empowered to look after cases under 21 years of age who are not under suitable parental control or other guardianship.

17. An inquiry to be made as to the number of mentally defective persons by the Board of Control, so as to ascertain as far as possible the number of mentally defective persons it is liable to provide, this to be done by the medical officers of the local authorities, or by a well-qualified medical man appointed for the purpose.

18. Medical officers of asylums to report to the local authority recurrent cases.

19. A system of notification of mentally defective persons, with certain exemptions.

20. That Section 14 of the Lunacy Act should be strengthened, and that the Board should be able to intervene in the case of private patients not kept for gain if there is any ground for believing that the patient is neglected or cruelly treated.

21. Relates to the transfer of patients from one institution to another.

22. Every institution for the mentally defective should have a medical officer, either honorary or paid, as a condition of its licence.

23. Amendment of the Education of Defective Children (Scotland) Act, 1906.

24. The local authority to be responsible for the education of mentally-defective children.

25. School Boards to submit the attendance register of children and notify mental defectives to medical officer of health.

26. Arrangements for examination of mentally defective child by medical officer of the local authority.

27. Medical officer to report to the local authority.

28. Duty of the parent to cause child to attend medical examination.

29. School Board to be under statutory obligation to contract with the local authority as to existing special schools or classes.

30. The local authority to pay for children admitted as mentally defective in special schools or classes already established.

31. To provide for the establishment of new special schools or classes, institutions, or homes.

32. The local authority to pay for children kept for observation purposes in existing or future special schools or classes, institutions, or homes.

33. Provides for periodical examination of schools or classes.

34. Transfer of a child no longer mentally defective from the care of the local authority to the care of the School Board.

35. Duty of the parents to provide for the education, instruction, or training of the mentally defective child.

36. The local authority to provide guides or conveyances for children attending special classes.

37. Provides that the Board of Control be empowered to register, inspect, and report on all institutions or houses for the care of epileptics not provided for as mentally defective.

38. Desirable to amend the Inebriates Acts so as to be able to deal with such inebriates as are mentally defective.

39. Mentally defective prisoners to be sent to suitable institutions.

40. Power to deal with criminal mentally defective persons.

41. Power to extend the Judicial Factors Act so as to cover all classes of mentally defective persons.

42. So as to protect mentally defective female patients the Criminal Law Amendment Act 1885 and the Lunacy Act (Scotland) 1857 should be amended.

43. Alteration of the word "house" in the Lunacy Act (Scotland) 1857 to "the word house" shall mean a private dwelling whether it be specially licensed or not.

PAY WARDS.

By G. A. BYRON,

Chairman of the House and Finance Committee, St. Mary's Hospital, Paddington.

THERE is a great diversity of opinion on the question whether a general hospital ought to receive pay patients. Some people consider that pay wards are one of the great needs of the day; others would do away with the few that exist on the ground that they are unfair to the medical profession. Of those who would allow pay wards some consider it should be a *sine qua non* that patients should be attended by any practitioner they may choose; others, again, are of opinion that, once in the hospital, such patients should be treated like ordinary free patients by members of the medical staff of the hospital.

As I believe that pay wards are, under certain conditions, a legitimate side of hospital work, I desire to present to the reader my reasons for this opinion.

Let us consider, first, in what the qualifications of a person for free treatment in a hospital ought to consist.

Speaking generally, hospitals are intended, I think, for such persons, not being destitute, as may be unable to pay for the treatment necessary for the cure or alleviation of their disease. The Poor Law provides adequate treatment for destitute persons in the infirmary; and it is manifestly undesirable that charity should expend itself on an object that has already been dealt with by the State through the rates.

Apart from the destitute, there would seem to be three classes of persons unable to pay for adequate treatment.

First, a man's income may be insufficient; he may be in receipt of a wage of so small an amount as to preclude the possibility of his doing more with it than to pay his rent, food, clothes, and other necessities—Class "A."

Secondly, a man's income may be insufficient relatively to his circumstances. Such circumstances may be indicated by the dependence upon him of a large family of young children, or of other relatives, or by the chronic ill-health of his wife or an adult child—Class "B."

Thirdly, a man's income may be insufficient relatively to his disease. A man may be able to pay for ordinary sickness in his family, but may be quite unable to meet the expense of a difficult surgical operation. Consider what this may mean. The man, or the member of his family requiring the operation, will often be living in a small house, under conditions undesirable for an operation. To have a proper chance of recovery, he ought to have the skill of a consultant, combined with the quiet and aseptic conditions of a nursing home. What will this cost him? I do not think I shall be over-estimating the lowest cost of such an operation if I say that the patient will have to pay twenty guineas to the consultant, two guineas to an

anaesthetist, three guineas a week to a nursing home, and (say) three guineas for drugs, dressings, and stimulants. This reaches a total of thirty-seven guineas, allowing a stay of four weeks in the home, to which must be added the fees of his ordinary medical attendant at, and subsequent to, the operation—Class "C."

Here, then, are three classes of persons—"A," "B," and "C"—none of whom are able to pay for the treatment necessary for the cure or alleviation of their disease. Each of them could, however, pay something towards their treatment: Class "A" might pay 1s.; Class "B" 5s. or 10s.; while Class "C" might be able to raise as much as £10. Are each of these classes of persons suitable to be hospital patients? If not, on what grounds are they to be differentiated?

Before answering these questions I wish to make a digression in order to assert that, in my opinion, all hospital patients ought to contribute to the funds of the hospital, by way of thank-offering, such sum as their means may permit. Every hospital properly receives thank-offerings from its patients. Nothing is more desirable than that feelings of self-help and independence should be fostered in persons receiving charitable assistance; and in the case of those receiving free medical treatment this is best assured by a contribution, however small, towards their cure.

To return to the questions whether Classes "A," "B," and "C" are all suitable to be hospital patients. There will, I assume, be no doubt that Classes "A" and "B" are suitable in every way. But ought Class "C" to receive free treatment in a hospital? My answer is that such a person is not suitable; he is too well off. What, then, is to become of him? It may be replied that a man cannot expect to have what he cannot pay for, and that a person in Class "C" must be content to be operated upon in his home by a local practitioner. I cannot agree with such reasoning. Remember that Class "C" is made up of cases of difficult operation or treatment, and that such cases, if conducted by unskilled operators in undesirable surroundings, have a greatly diminished chance of being brought to a successful issue. Why should Class "C" be exposed to risks which the classes below him are to escape?

What alternative course, then, is possible? My reply is that the proper solution of the problem of dealing fairly with such cases as Class "C" is assisted treatment in a hospital. Here are a class of persons who, being well enough off to pay for ordinary illness, have the misfortune to require an operation, or treatment of an exceptional nature, for which they cannot pay, although they could pay an appreciable sum towards the total cost. Why should they not receive assistance, and yet pay what they can afford towards the necessary treatment?

At this point, however, a further question arises. If it be granted that such cases as Class "C" deserve assistance, though not free treatment, and that they should be assisted at a hospital, to what purpose ought such payments as these cases can afford to make be applied—to the support of the institution, or as fees to the surgeon or physician?

This question requires for its due consideration the determination of yet a further question—namely, if cases such as Class "C" are to receive assisted treatment at a hospital, ought they to be treated by the hospital staff or, at the option of the patient, by their own local practitioner?

Let us consider what would be the destination of any money that a person in Class "C" could afford if such person were treated in a nursing home. Clearly the home and the chemist would have to be paid in priority to the doctor, and even they could not be paid in full. There would be nothing at all for the doctor. Why should not the hospital take the place of the nursing home, and receive the eight to twelve guineas which such a patient could pay? Many persons would, I think, reply that those eight to twelve guineas ought to go to the doctor attending the case, and that the "assistance" should come from the institution which is supported by charitable contributions, and not from the professional man working for the maintenance of himself and perhaps a wife and family. To this argument I should assent, if the doctor in attendance is to be the gentleman who ordinarily looks after the patient in his home. But Class "C" consists of persons requiring for their treatment highly skilled attain-

ments, such as most general medical practitioners have not got. Such cases are like very important actions at law, which require the skill and experience of a "K.C." or a specialist. The junior should have the advantage of being present, but ought not to have the conduct of the case. No risks would be taken at law; no less care is demanded when the issues are those of life or death.

If a consultant is to treat the case, and not the patient's ordinary doctor, there are several reasons, I think, why the consultant should be one of the ordinary medical staff of the hospital. First, it is undesirable that gentlemen, over whom the hospital authorities have no hold whatever, should be making use of their wards, their theatres, and ordering about their resident medical officers, their nurses, porters, etc., and prescribing drugs, dressings and diets without any reference to expense. Secondly, the medical staff of the hospital would be deprived of beds, and of some of the most valuable clinical material, if other medical men were permitted to treat these cases.

But if the hospital staff are to treat these cases, ought the payments made to be received by them in preference to the institution? I would answer this question by another. Why should these cases be differentiated, *qua* the hospital staff, from other cases in the institution? None of them can afford to pay for the whole of the treatment required; most could pay something. Would the medical staff take any exception if a patient in Class "C" were treated gratuitously in the hospital, and subsequently made a contribution of (say) ten guineas towards the hospital funds by way of thank-offering?

It must not be forgotten that there is more than one large general hospital in London which has to close wards for want of funds, but could probably afford to keep them open for patients paying two and a half to three guineas a week; and I fear that other hospitals will shortly be added to their number.

Many matters of detail would have to be considered if the principle of pay wards were acknowledged. Care would have to be taken against abuse of the charity by the admission of persons able to pay a fee as well as the expenses of a nursing home, etc. Probably, if a recommendation by a general practitioner were compulsory before the admission of a patient, this would go a long way to prevent abuse of this sort.

I venture to hope that I have shown that the opening of wards for pay patients of the class I have described as Class "C" will, under proper precautions, in no way be detrimental to the interests of the medical profession; but that, on the contrary, it would put means at their disposal for dealing adequately with a class of persons who at present must either be treated gratuitously in a hospital or inadequately in their own homes. Pay wards would give the best—perhaps the only—chance to numbers of men and women of recovery from serious disease or alleviation of suffering. At the same time, such a policy would enable more than one hospital to keep open wards for the benefit of humanity which otherwise will remain empty and useless.

AN extraordinary *Gazette* issued by the Gold Coast Government contains an account of the operations for the suppression of plague undertaken this summer by Professor W. J. R. Simpson and his assistants. They appear to have been exceedingly successful; inoculations by Haffkine's serum were popular, and are considered to have played an important part in stamping out the disease in Accra, the principal seat of its prevalence. At some distance from the town a cordon was established to prevent persons passing without examination from the town into the interior, thereby infecting up-country villages and towns. This measure also seems to have worked satisfactorily.

THE Admiralty has issued a circular letter to the Fleet directing that, among applicants for employment as diver, preference shall be given to those who are distinctly thin, only those who have no tendency towards fatness being allowed to qualify. Of men already qualified as divers, those who can be classed as fat are no longer to be employed, while those who are inclined to fatness, but not to such an extent as, in the opinion of the medical officer, to disqualify them for work at lesser depths, may continue to be employed in operations at 12 fathoms and under. When diving operations have to be undertaken at depths of 20 fathoms and over, the men employed must be selected from those among the available divers who are of the sparest habit.