matter how trifling, has been found elsewhere, the most recent example being in the annual report for 1920 of the School Medical Officer of a neighbouring authority. Here 2,622 children were examined, and 80 per cent. were found to require treatment. The maximum charge was 2/6, but less than 10 per cent. appeared for treatment.

In any case the charge for treatment is so small as not to be worth all the trouble and expense of collecting.

In Cambridge, treatment (with the exception of the higher grade schools for a year or so) has been free to all, and our experience shows that the imposition of fees, no matter how small, is certain to seriously affect, if not entirely to prevent the success of any scheme.

Conclusions.

1. In spite of the fact that dental caries is so wide spread and its prevention so important to health, and in spite of the fact that dental clinics were first established in England nearly fourteen years ago, there is a disappointing failure on the part of the country generally to tackle the matter.
2. The cause of this failure does not lie solely with the Local Authorities. An important reason is the small number of men and women on the dental roll, while another reason why dentists do not take up public work is the lack of sufficient inducement. This is apparently tending to the employment in dental work of a new grade of unqualified worker, the dental dresser, a most unfortunate and a retrograde step.
3. Central supervision and control is lamentably lacking, and is indicated by the totally inadequate character of many schemes, fundamental errors in organisation, e.g., the commencing age, unsatisfactory methods of inspection and treatment, and of recording conditions found and treatment carried out. There are several, but not many notable exceptions to this.
4. The majority of the authorities are not getting the full benefit of the schemes they have set up, and the majority of the children are not receiving the full benefit of the work done.
5. Too much time is expended on attending to the filling of temporary teeth at the expense of the permanent dentitions.

In these days of anti-waste campaigns it is probably too much to hope for any immediate remedy but much more might be done with existing arrangements than is being done.

The committee appointed by the British Dental Association to report upon "Dental Treatment and National Health," arrived at practically similar conclusions (*vide pars. 2, 3, 4, 5, 7, 31 and 32 of the Report of November 1, 1920*).

There is much that remains to be said on the subject, but I have endeavoured to limit my notes to the matters which have emerged more or less directly from my enquiries into the actual position of school dentistry in England. In all I have said I would ask you to believe that I have approached the matter as an interested enquirer and not in any critical spirit. I have no desire or intention to belittle what is being done. My enquiries were begun for my own personal benefit, but our Secretary has induced me to bring the matter before you for your information and I trust also for your benefit.

I would again tender my sincere thanks to all who have so kindly answered my enquiries. I fear at a considerable amount of trouble.

TÁRSADALMI MŰZEUM (MUSEUM OF SOCIAL SCIENCE).

BY

JAMES W. MCINTOSH, M.B., B.Sc. (P.H.), ED.,
F.R.C.S., ED.

I visited the above museum in Budapest a year ago when engaged in the work of the British Food Mission in Budapest. Mr. Izanto — the present director — founded the museum many years ago, and it was eventually taken over by the Government and became a national institution. The object of the Museum is to act as a training centre for all those who are engaged in public health work, e.g., midwives, sanitary inspectors, inspectors of mines and factories, school teachers, welfare workers, etc. It is also a central office where all facts relating to public health are collected. Lectures, illustrated with lantern slides and maps and diagrams, are prepared by the museum authorities. These are packed in suitable boxes and sent all over the country. It is thus possible for a doctor or teacher in a remote village in Hungary to take the schoolroom of the village and deliver a lecture on the latest discoveries in public health,

fully illustrated with suitable slides and charts which have been prepared in the museum and sent to him with the lecture typed and ready to be delivered. It does not require much imagination to realise what a powerful means of inculcating ideas on public health this method must be. The whole usefulness of the Institution depends, of course, upon the personality of its director and his assistants, and it is fortunate in having at its head Mr. Izanto, who is an enthusiast in this work. Ignorance on the part of the public of the most elementary ideas of hygiene is not confined to Hungary, and it seemed to me that a similar method might well be introduced into this country. I heard one of the lectures prepared by the Museum delivered to an audience of school girls of 14 to 16 years of age. The subject was "Cleanliness," and the lecture was delivered in a cinema hall by the school doctor. It was quite possible to follow and understand most of it from the slides alone, which were most excellent. So far as I could judge the girls seemed greatly interested, and I think they quite understood what the lecturer was trying to tell them. I can well believe that many of the facts thus brought home to them at an impressionable age would remain in their minds for the remainder of their lives. Mr. Izanto acts on the motto that "Education is more important than Legislation." I think that most public health authorities would subscribe to that doctrine. I made the following short notes of the various departments of the Museum as I was shown round it.

- I. Complete outfit required by a midwife.
- II. Statistics of breast-fed and bottle-fed babies; care of the eyes of babies.
- III. Models showing diseases of the breast and how to prevent them.
- IV. Models showing diseases of the Umbilicus.
- V. Specimens of feeding bottles.
- VI. Methods of sterilising milk and apparatus used.
- VII. Hygiene of the cow. Directions for keeping stable clean; washing the udders; proper milk pans, etc.
- VIII. Dentition with order of eruption of the teeth.
- IX. Infant mortality in the different classes of society.
- X. Exhibit showing proper clothes for a baby, and directions for open-air treatment of infants.
- XI. How to dress the baby.

- XII. Children's boots (proper shape).
- XIII. Child's perambulator (proper shape).
- XIV. Children's toys—no poisonous dies; proper shape of toys so that no accident occurs.
- XV. How to hold baby; how to bathe baby; how to kiss baby.
- XVI. Playing cage for a young child, covered with a clean sheet. Child should not play on the floor.
- XVII. Proper tooth picks and tooth brushes.
- XVIII. Coloured models and pictures of common skin diseases.
- XIX. Models showing dangers of flies. Infantile mortality statistics.
- XX. Vaccination, with suitable charts, models, etc.
- XXI. Models and charts, showing how disease can be caused by dirt—in milk, in carpets, the floor, etc.
- XXII. Pictures and models, illustrating the common infectious diseases.
- XXIII. Pictures and models, illustrating rickets and its causes.
- XXIV. Pictures and models of tuberculosis of bones, e.g., Pott's curvature.
- XXV. Model children's hospital.
- XXVI. „ „ asylum.
- XXVII. „ dwellings.
- XXVIII. „ school with desks, washing arrangements, proper lighting, ventilation and heating, etc.
- XXIX. Dangers of alcohol and diseases caused by alcohol.
- XXX. Models of common parasites and the diseases caused by them.
- XXXI. Diseases of soldiers and military sanitation.
- XXXII. Methods of preventing infection from patients with consumption.
- XXXIII. Hygiene of factories with model factory.
- XXXIV. Occupation diseases; models, pictures and charts, etc.
- XXXV. Hygiene of meat, with models.
- XXXVI. Venereal disease.

[The Roman numerals used above for convenience do not correspond to the numbers of the exhibits in the museum.]

I have given merely the outlines of the museum which appealed to me as designed to meet a very real need in the training of those engaged in public health work, and as a means of spreading modern ideas of sanitation.

Sir Thomas Oliver visited the museum before the war and wrote a short but appreciative account of it, which was published in the *British Medical Journal* for 18th April, 1914. He has kindly read this article.

I may add that I have a copy of the lecture on "cleanliness" translated into English with the accompanying slides. This I hope to deliver to the pupils in one of the Secondary Schools in Durham at an early date in April.

The Társadalmi Múzeum, of Budá Pest, is fulfilling a most useful function. It deserves to be better known in our own and other countries, for it affords an excellent illustration of how problems of public health can be readily brought within the range of the people generally.

PUBLIC HEALTH WORK UNDER THE LEAGUE OF NATIONS.

BY

G. S. BUCHANAN, C.B., M.D., Senior Medical Officer, Ministry of Health.

(Summary of paper read at the Meeting of the M.O.H. Society on Feb. 18, 1921.)

Dr. Buchanan laid stress on the practical importance of the work which was waiting to be done by the International Health Organisation, now being established under the League of Nations following the resolution of the Assembly at Geneva. This new organisation, he said, would not be in competition with other international bodies such as the Red Cross or the Rockefeller Foundation, nor would it replace unofficial international medical congresses and international journals. Its special sphere lay in bringing about official agreements between different nations on health matters and facilitating their observance. Such agreements in many cases were overdue.

In the present new conditions of political geography and in face of the epidemics of Eastern Europe, common lines of action were required at land frontiers in regard to the disinfection of trains, and also in dealing with refugees. The present Sanitary Convention, which was concerned with cholera, yellow fever and plague only, was in several respects out of date. It took eight years for the last Convention to be ratified. The League of Nations scheme would provide an office whose business it would be to secure that such delays were

avoided and agreements completed or amended by simple machinery and in reasonable time. The same considerations applied to the international understandings which were necessary to secure the disinfection of wool and hair which carried anthrax, and the result of the use of imported anthrax-infected shaving brushes was alluded to as an illustration.

International vital statistics at present were very unsatisfactory in view of the absence of any common understanding regarding the certifying of causes of death, and, although there existed an international nomenclature, it required a much more efficient machinery for its periodical revision. Various matters connected with the health of seamen also required international agreement and progress could not be made without some such agreement. The lines of an international agreement to provide satisfactory treatment at ports for sailors suffering from venereal disease had been studied at the Ministry of Health, and it was hoped that it would be among the first of the subjects taken up by the new body. Definite responsibilities for co-ordinating action by different countries were likely to be transferred to the League of Nations in the future, as, for example, the protection against the spread of infection by the Mecca pilgrimage.

Finally, the League of Nations had already made a most valuable start in co-ordinating measures against the spread of typhus and other infections from Eastern Europe. Dr. Buchanan considered one of the great advantages of the scheme to be the incorporation of the Office International d'Hygiène Publique, established under the Rome Convention of 1907. The international health work and agreements could not be carried out through a central medical bureaucracy, however able. It must be effected as the result of consultation and agreement with representatives of the public health services of all the countries concerned and the acceptance by the League of the Office International as the basis of its health organisation secured this consultation not only from countries which were members of the League, but from other important countries signatory to the Rome Convention.

CHESHIRE COUNTY COUNCIL. — SALARIES. —

The salary of the County Medical Officer has been increased to £1,400, and that of the County Surveyor to £1,200.