

MEDICAL MEN IN PUBLIC LIFE.

SIR,—Insurance Committees will within the next two months be fully formed; the bodies who will have much say in their final constitution are the county councils. The coming March will bring elections of county councils upon us. I have watched in vain for a sign that this situation is appreciated. The present position of our profession is, I venture with all humility to suggest, in some considerable part due to the fact that we do not take our due position or accept our responsibilities in the body politic, neither by our own presence at its councils nor by influencing the election of candidates whose feelings may harmonize with ours. County councils, town councils, rural councils, all bodies in whom the local government of the country is vested—in these the doctor is conspicuous by his absence. If medical men will not come out into the arena of public life and take up some of the duties themselves (surely many might secure election), at least they may exert much influence to secure the success of candidates who have the will, as they will have the power, to mitigate in some small measure the situation created for the profession by this unspeakable Act. I venture once more, Sir, to suggest that we shall not better our position by indifference in the coming contests. Lack of time we should not plead, so clear is the call of duty. Opportunity is here. "The heart that seizes quick hold of opportunity can achieve." No new truth this, nor dimmed because of past neglect.—I am, etc.,

ROBERT CUFF,

Chairman, North Riding (Yorks) Medical Committee.
Scarborough, Feb. 4th.

MEDICAL SERVICE IN THE HIGHLANDS AND ISLANDS OF SCOTLAND.

SIR,—It is quite clear from the report of the Committee on the Highlands and Islands Medical Service that the conditions of life prevailing in many districts is quite out of keeping with modern requirements. The Insurance Act has been of inestimable benefit to the Highlands and Islands in drawing public attention to the prevailing conditions.

I had the opportunity of bringing the matter before the Chancellor of the Exchequer, and was cordially supported by my friend and colleague, Mr. Macpherson, M.P. for Ross and Cromarty, and the Chancellor, in reply, promised that the cases we brought forward would receive sympathetic consideration and attention. In pursuance of that promise he appointed the Committee which has now issued its report, and we understand that a special grant will be made to make adequate provision for both doctors and nurses; but in the meantime we are extremely anxious, as it is, of course, absolutely impossible for doctors to attend insured persons in anything like the terms of the Act.

Doctors have other grievances, which are dealt with very ably by the report.

Security of Tenure.

The first is with reference to security of tenure. Doctors for many years have protested vainly against the injustice of being summarily dismissed by a parish council without any appeal. Twelve years ago I presented a memorial to Lord Balfour, signed by practically all the Scottish unofficial members of both parties, praying for this very reasonable request, and although we know of no objection, Scottish Secretaries have persistently refused the demand. The report will, I trust, give doctors hopes of a reasonable amount of fair play.

Doctors' Dwelling-houses.

A very serious difficulty is again with reference to doctors' houses. The paragraph of the report is worth quoting in full:

THE DOCTOR'S DWELLING-HOUSE.

39. The provision of a dwelling-house for the doctor that would be satisfactory both as regards accommodation and situation is of extreme importance.

Complaints were frequent that the house provided is ordinarily too small, is in many cases neither wind nor water tight, is insanitary, and lacking in even the most elementary conveniences of civilized life.

40. Moreover, instead of being centrally situated and so affording ready access to all parts of the practice, the doctor's residence is occasionally found in the remote corner of a large

parish and distant some 15 to 20 miles from half his patients. The main reason given for this anomaly, which seriously affects both the cost and readiness of medical attendance, is that the parish council, however willing in the matter, have not the requisite statutory powers to build or buy a suitable doctor's house.

41. On this question, Mr. Maxwell, Secretary of the Local Government Board, writes:

"In some parishes it is difficult for the medical officer to find a suitable house. It has, unfortunately, been held that parish councils have no power to provide a house for the medical officer out of the poor rates. But for this restriction, it is probable that most parishes would ere now have provided a house for the medical officer. I consider the provision of a suitable house is second in importance only to the provision of an adequate salary."

There was evidence that the local proprietor or agent is occasionally responsible for this difficulty. Mr. Tulloch (Eday) says:

It is the trouble with the house that is the great difficulty. . . . There were proposals made to build one. The first thing was to go to the proprietor's agent for a site. At first they were favourable, and then they refused and would not give a site.

And Dr. Moir (Inverness):

I know of a case where a doctor had the use of a house, and the relations between the doctor and the factor became strained and he was asked to move.

"In marked contrast," the report says, "are a school board's powers in regard to sites and buildings."

To give effect to this legislation is imperatively demanded, and it is proposed to introduce a bill dealing with the matter, which it is hoped will receive unanimous support.

The case mentioned of Eday is bad enough, but Papa Westray is even worse, for there we have raised sufficient money to build a house, but up to now have been unable on any terms to obtain a site for the house, as the person representing the landlord or mortgagees has persistently refused to either grant, sell or lease any ground. The Islanders with extreme difficulty have, in one way or other, contrived to secure the services of a doctor, but it is only by the kindly action of the Scottish Local Government Board that they have been able to do this, as the same person who, unfortunately, is in charge of the Island, used every effort to deprive the Island of the services of the doctor.—I am, etc.,

J. CATHCART WASON,

House of Commons, Jan. 30th.

M.P., Orkney and Shetland.

P.S.—Since writing the above I am very thankful to learn that an interim grant of £10,000 has been made for the Highlands and Islands.

FEES TO PRIVATE PATIENTS.

SIR,—The conditions of practice are being so greatly altered by the operation of the Insurance Act, at least in most localities, that, it appears to me, a corresponding change should now be made by the whole profession in the scale of fees for private patients.

The *raison d'être* for the old sliding scale no longer applies with the same force. Medical men are no longer expected by the public to act from charitable motives. The basis of the Act is the repudiation of charity, and is a demand for a business arrangement.

Let the profession respond in the same spirit. I appeal, therefore, to the Association to confer a much-needed and long overdue boon on the profession by the compilation of a scale of fees, as well as a capitation rate, of a more generous nature than that which has heretofore existed.

The justice of the move will be admitted by the public, and the present unanimity and temper of the profession can be relied on to enforce it. The time is ripe, *carpe diem*. Next year it may be too late.—I am, etc.,

London, N.W., Feb. 3rd.

W. COODE ADAMS.

THE SIGHT TESTS OF THE BOARD OF TRADE.

SIR,—I have examined the sight tests of the Board of Trade and find them most unsatisfactory, and not in agreement with modern science.

Form Vision.

In the form vision test the letters are printed on canvas, to which a piece of wood is attached. In the normal position this rolls up at the bottom, and has to be held