

the British Medical Association on the Ministry of Health, but of addressing two Presidents of the Local Government Board, from the point of view both of the Medical Officer of Health and also of the British Medical Association.

After forty years of official life, no one knows better than I do how little a single individual is able to affect policy in any department, but I hope and think that the result of the closer association of the two branches of the profession has been of the greatest possible service to both.

It is only right that I should accentuate the fact that I have always been received—even when apparently in strong opposition—with courtesy and consideration, and I have been enabled, sometimes, possibly only to a minor degree, to modify policy by explaining the principles and methods which have actuated the Preventive Officer in his work.

Of course there are Hotspurs on both sides. There is the medical officer of health—but I think there are very few of them—who sees nothing but his official duty before him and fails to consider as fully as he should the rights of the general practitioner. On the other hand, I have met with one or two general practitioners who openly state that they distrust all suggestions made by the medical officer of health as being of necessity hostile to their personal interests. These cases on both sides are few and far between, and I believe without a doubt that a closer association of the two branches, such as has been brought about, is having a good and useful effect in re-establishing some degree of confidence, and in leading towards that happy state of affairs when everyone shall consider himself to be equally a servant of the public.

RESIGNATION OF DR. J. MITCHELL WILSON (C.M.O. EAST RIDING).

The County Council of the East Riding of Yorkshire at their last meeting received the resignation of the County Medical Officer, Dr. J. Mitchell Wilson, on account of ill-health. The resignation was accepted with regret, and Dr. Wilson was appointed Consulting Medical Officer at a salary of £250 per annum. It was also decided that no steps should be taken to fill the vacancy until the result of the application for the release from the Army of Dr. Thornley, the Deputy County Medical Officer, was known. The news of the ill-health of Dr. Mitchell Wilson will be received with great regret by the whole Public Health Service, of which he has been for so long a prominent and respected member.

MEDICAL RECONSTRUCTION AFTER THE WAR.

By M.O.H.

AFTER the war the Medical Service of the country will be more or less in the melting-pot, and it behoves us to give this matter our consideration from the public health point of view. In the past the public has been given little or no lead from the Public Health Service.

Is the aim to have a medical attendant for each family, and, if so, how is this to be provided? Has panel practice been a success? Should the system be extended to the wives and children, or are we likely to get efficient medical services more satisfactorily by some other system? Again, what is to be the relation of the family doctor to the tuberculosis dispensary, the school medical department, and the maternity and child welfare centre?

All these institutions do new work by searching out diseases, but they also carry out a good deal of treatment which was formerly done to a small extent by out-patient departments or by general practitioners. From the public health point of view, it is very necessary that these diseases should be "searched out" and, when found, receive proper treatment.

The reports of school medical officers show that a varying percentage of the ailments found get some treatment, but these returns give no idea as to whether such treatment is satisfactory. At the same time, it is notorious that many of the ailments found by the school medical department are not satisfactorily dealt with.

If the panel practice is to be extended to wives and children, it will be obviously unfair to saddle the rates and taxes with the expense of the treatment carried out by public services or institutions, and for the panel practitioners to be paid over again for what they have not themselves provided. Ought the medical staffs of these institutions on the other hand to confine themselves to searching out disease, carrying out special forms of treatment, and acting as consultants to the general practitioner.

Another matter which urgently requires attention is the reform of out-patient departments. Mothers who take their children to such places are frequently required to spend the whole day in the waiting-rooms, to the great detriment of their homes. Out-patient departments undoubtedly have to deal with

cases which never ought to, and which would not be sent there if medical services were otherwise obtainable. Again, ought out-patient departments to be restricted to accidents, to cases requiring special treatment, and those sent by a general practitioner for a consultant's opinion?

It is said that the Guardians are to be abolished. Will the Poor Law Medical Service be merged in an extended panel system or in an enlarged public medical service?

If the maintenance of "voluntary" hospitals comes upon the rates, as seems inevitable, the visiting staff will have to be paid, and is it not better that it should be so? As long as the visiting staff are unpaid, they will regard their work as a form of charity, and the idea that it does not matter how long out-patients are kept waiting will continue. It is surely much better to pay the visiting staff and to expect them to do their work in a businesslike way, rather than ask them to perform an ill-defined act of charity, on the understanding that they will thereby indirectly benefit by increasing their practice as consultants. A precedent has been created by the payment of consulting physicians and surgeons to do work for the school medical departments and under the venereal diseases scheme.

Another point which is certainly of interest to the public health of the whole community is that, at present, only a small section of the poor receives the best surgical treatment. The poor man may be operated on by the most skilful surgeon in a perfectly fitted-up operating theatre. The rich man, by paying a high fee, can have the services of the same surgeon, but obtains the use of a distinctly inferior operating theatre, even in the case of a good-class nursing-home. The man of moderate means has his operation done at home under much less hopeful circumstances. The same remarks apply to medical diseases requiring special forms of treatment. It is surely not beyond the wit of man to devise a scheme by which each person can have the benefit of the best treatment either by paying according to his means or as part of an entirely publicly provided service.

BETHNAL GREEN.

Dr. Jeannie Rose Murray, M.B., B.Ch., B.A., D.P.H. Liverpool, has been appointed by the Bethnal Green Borough Council to the position of assistant medical officer of health primarily for the purposes of the Council's Maternity and Child Welfare Scheme.

THE SPIROCHAETE OF INFECTIOUS JAUNDICE IN THE COMMON RAT IN ENGLAND.

BY

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INFECTIOUS, infective, or febrile jaundice, Weil's disease, or, as it is now more correctly termed, Spirochaetosis Icterohæmorrhagica, is an epidemic and endemic disease, characterised chiefly by the following symptoms: Sudden onset of illness with great prostration, muscular pains in the back and limbs, headache, congestion of the eyes, herpes labialis, fever averaging about 103 to 104° F., almost constant vomiting in the early stages, with jaundice appearing about the fourth or fifth day, and a tendency to hæmorrhage and albuminuria.

Jaundice is apparently not an essential symptom, as Stokes and his colleagues find that 40 per cent. of their cases in Flanders do not have it, and Dawson, Hume and Bedson (2) state that many cases of P.U.O. (Pyrexia of unknown origin) in France have been cases of this disease in which there has been a complete absence of jaundice.

Outbreaks of the disease have in the past been known to occur in the United States, India, Africa, the Near East, and Germany, but recent attention has been drawn to it by its occurrence in the British troops in France.

The history of the discovery of the causal organism of the disease is, briefly, as follows:—

In 1914 the Japanese workers Inada and Ito found a spirochæte in the liver of a guinea-pig which had been inoculated with the blood from a case of infectious jaundice, subsequently they found the same spirochæte in the blood, in the intestinal wall, and in the adrenal glands of some cases of the disease in man. They named the spirochæte, *Spirochaeta Icterohæmorrhagiæ*. The spirochætes occurred in the peripheral blood during the febrile stage, and inoculation of the blood taken up to the fourth or fifth day infected guinea-pigs, but after the fifth day less successful results were obtained. The organisms are present in only very small numbers in the blood, even in the earliest days of the disease.

I spent about one month examining 14 films of blood, kindly sent me by Capt. Adrian Stokes, R.A.M.C., 8 films from the fourth day,