

The Editor's Letter Box.

INFIRMARY PATIENTS SLEEPING ON THE FLOOR.

SIR,—*Re* your report as to the congested condition of Ipswich Workhouse Infirmary. It is a pity that you did not make some inquiry before you wrote the paragraph in *THE HOSPITAL*. Had you done so, you would have found that for the last six years I have repeatedly called the *Guardians'* attention to the necessity of providing more accommodation for the sick and infirm, and have been backed up by the Local Government Inspector. Like a good many others boards, they think that the present legislation is likely to diminish pauperism, but will find out their mistake.

I hope you will correct the errors in your paragraph.—
Yours truly,

JOHN R. STADDON,
Medical Officer, Ipswich Workhouse.

6 Silent Street, Ipswich, January 17, 1912.

[We are very glad our paragraph last week has given Mr. Staddon the opportunity of writing and ourselves of publishing this letter. Its significance we deal with in our Notes this week.—ED. *THE HOSPITAL*.]

THE COLOUR OF THE HAIR.

To the Editor of THE HOSPITAL.

SIR,—My attention has been called to an article in your columns dealing with certain observations I have made on the relative morbidity of "blondes" and "brunettes." In view of the results recently obtained by competent observers, there can be no doubt that in this country at the present day the brunettes have the advantage, but I hold strongly that their apparent superiority is relative, not absolute. By this I mean that the mere presence of a larger amount of pigment in the skin is not in itself sufficient to connote physical superiority over those less so endowed. Every established physical trait has a "survival value" in relation to the environment in which it first appeared, presumably by the action of natural selection. In view of the past history of the blonde "hordic" race, and the fact that it has provided the ruling caste to most European nations, it cannot be argued that it is essentially "inferior." The whole question may be thus formulated in regard to the individual. In what environment was evolved the race or stock he represents in his own person? To what degree do his present surroundings conform to, or differ from, the features of this environment? The blonde is at present hard pressed because economic forces are sweeping the population off the land into cities, and the blonde race, as Tacitus and other ancient writers have observed, never lived in cities but led a semi-nomadic life. For the same reason the gipsies, though deeply pigmented, have never taken to town-life, being essentially nomads. Close to my house, however, is a district where for generations they used to sojourn, and now that London has swallowed it up, some have attempted to cling to it, but with disastrous results, for they have shown themselves sadly liable to tubercle and other diseases when they substitute tenements for tents. It is true that intermediate types are commoner than typical blondes and brunettes, but the question of present *versus* past environment affects them also. Since the greater invasions of the country came to an end nearly a thousand years ago, and the country settled down to pastoral and agricultural pursuits, the formation of localised communities took place all over the country, and, undergoing in most cases little disturbance as century

succeeded century, centring themselves round some small market town or being isolated by the geographical conformation of the neighbourhood, these communities have become closely adapted to and specialised for local conditions. In the changes wrought by our advance from an agricultural to an industrial nation, we have, therefore, to deal not only with racial types but with sub-types changing their environment. I have been able to make some observations in this regard on domestic servants, shop assistants, etc., which I hope shortly to publish, and am glad to find that you agree with me that the subject is "worthy of careful and extended observations." Being a busy practitioner with a family to support, I am unable to give as much attention as I would like to the matter, but I hope to awaken the interest of others in these questions, and to see lines of research in this direction carried on which I am personally unable to pursue.

Believe me, yours faithfully,
J. S. MACKINTOSH, M.D., M.R.C.S., L.R.C.P.
Corner House, Platt's Lane, Hampstead.
January 24.

OPENINGS FOR THE SONS OF MEDICAL MEN.

To the Editor of THE HOSPITAL.

SIR,—The sons of medical men in the United Kingdom often enter the profession of which their fathers are members. But I understand that the medical profession is overcrowded in England, and that Mr. Lloyd George is going to make the prospect of entering it more uninviting than ever. Even in Australia, where the conditions at present are somewhat better, the Universities of Sydney, Melbourne, and Adelaide are turning out hundreds of young doctors, and their numbers are increasing faster proportionately than the population. It is a serious question nowadays for a medical man as to whether his son should follow in his footsteps or whether he might not do better by looking elsewhere. After much consideration I decided that my own son should take up farming in Australia, and I am more and more convinced that this decision is in his true interests. He is spending three years at the premier agricultural college in Australia—the Hawkesbury College, near Sydney. There he is learning both the science and the practice of farming, and the fees, including the most excellent board and lodging, are £30 for the first year, £20 for the second, and £10 for the third. Other expenses and pocket-money come to about £20 a year.

At the other colleges in New South Wales £15 is charged for the first year, and the second is free. At the Hawkesbury College the students attend lectures and the laboratory one day, and are in the fields the next, thus obtaining a really practical training. They have plenty of recreation, cricket, tennis, shooting, and swimming, with occasional concerts and dances, and they have an alive Students' Christian Union. Now if a lad goes through the medical course in England it means an outlay of about £1,000. For this amount he could obtain not only a thorough training in agriculture in Australia, but could pay a deposit on land and stock it.

The life is undoubtedly a hard and strenuous one, with much monotony, but it is healthy, and the financial rewards are generally ample to a man with grit and perseverance. I recommend the college course so that a lad may be broken in gradually to the life among his fellows, instead of going direct to a farm and facing the continuous toil on it.

There are similar colleges in Victoria and South Australia where young Englishmen are received. A few vacancies at these colleges are reserved for students from abroad, but it would be well for anyone wishing to enter his name to do so as quickly as possible. Our agents in London, at 50 Parliament Street, S.W., would make arrangements to this end if communicated with, or I would be glad to answer any letters if addressed to me at Parliament House, Sydney, N.S.W.—Yours, etc.,

RICHARD ARTHUR, M.D., C.M. Edin.
President, Immigration League of Australasia.

THE COTTAGE HOSPITAL IN FICTION.

It is regrettable that those with the necessary intimate knowledge do not oftener see and exploit the literary side of institutional work. It has been very uncommon to find a medical officer or a secretary turning to his own and the public advantage the great human interest which is associated so obviously with hospital life. Good books about hospitals are much rarer than good books about schools—the one type of institution which has found its life ably reflected in fiction. Yet we have constant proofs that the doctor, in the case of books of travel, for instance, can produce delightful literature. But the field of hospital life and actualities has been neglected almost entirely by the profession, with the two following results.

First, even the doctor is not very well treated by the novelist; the frequency with which members of the medical profession are placed in an unfavourable light by writers of fiction is a somewhat curious circumstance. Under democratic governments the position of the medical man appears to be better than in monarchical countries; the subordinate position of the Court physician in the past, is not materially improved even to-day.

Secondly, though novelists are perhaps not so often found tilting against hospitals—probably through lack of accurate knowledge—yet the hospital, like the convent, tempts the sensation-monger to rush in and to emphasise, by his melodramatic fancies or fallacies, the real gap there is in modern literature. Still if hospital men will continue to write about every other subject but their own life and work, we suppose they must not be too hard on the adventurers of fiction.

Of late years several novels dealing with hospital incidents have appeared; unfortunately none has been of any literary merit, but the distorted impressions likely to be gained by the lay reader are all the more to be regretted by reason of the apparent plausibility—in the total absence of the correct picture—of some of the authors. An example—fortunately an extreme case—is now at hand in the shape of a recent novel entitled “*In a Cottage Hospital*,”* Its author ambitiously expresses the hope that his book will open the eyes of the public to the “goings-on” in the smaller hospitals of this country. This practically anonymous contribution to sensational fiction is asserted to be put forth with the object of bringing about tremendous reforms in hospital management. The author’s actual achievement

THE MALE STAFF OF HOSPITALS.

THE Secretary of the Norfolk and Norwich Hospital and the Secretary of the Royal Berkshire Hospital are thanked for their letters containing information as to the number of the male staff of their hospitals. Will hospital secretaries in general kindly supply us with similar information, giving the number and composition of the male staff and the numbers already insured. Such information must, in its completed form, materially help each hospital when they have to determine the best course to take in regard to the National Insurance Act.

amounts to an extensive two-shillingsworth of very unpleasant sensationalism; there is quite a large number of closely printed pages for the money. Fortunately only the very ignorant will regard his story as in any degree approaching the possible, and from neither his matter nor his style can we induce ourselves to believe that the author is or ever was a fully qualified “practitioner with an extensive provincial practice.”

That the book shows signs of being put together by one who has the sort of acquaintance of hospital life that would be expected from a probationer who was rejected after six weeks as unsuitable, we are prepared to admit, but the pious expressions in the preface are simply so much bunkum—if we may be forgiven the term. The reforming novelist, Dickens, or Charles Reade, would have been the first to see through them. No responsible person who has come in contact with the work of even the most benighted cottage hospital could have the impudence seriously to pretend that the scenes and the characters portrayed in this book represent a condition of affairs even exceptional, let alone normal, as the author implies. If they did, at a hint from the author the local paper would have been charmed to take it up; but where would the author’s copyright have been then? For one thing, the very hospital in which the ludicrous tragedies are staged does not from its apparent size come under the recognised category of a “cottage” hospital at all.

The plentiful errors and absurdities of this romance can afford no amusement to those resident medical officers who might take the trouble to read it. The story is so thoroughly overdone that hospital managers may safely feel the threatened revolution long overdue, and leave this vulgar story for the delectation of that foolish class of reader whose facial types are so accurately portrayed upon its cover. We mention this objectionable coloured illustration not because it is so obviously a silly caricature of the two professions it has tried to illustrate, but because such imaginary types mirror correctly the type of reader which the author evidently had in mind. This book is so bad in every sense of the word, being mere vulgar fiction of the most trashy kind without justification or reason, that we wonder it has obtained the publicity of print.

* *In a Cottage Hospital*. London. Price 2s.