

Fiji. For nine and a half years I never saw a case of cancer in British New Guinea but at the end of that time there occurred an example of encephaloid cancer of the tibia in the person of a Papuan that had for seven or eight years lived practically a European life, eating tinned Australian meat daily. It seemed hardly possible that he could have become infected from any previous case.

OPEN-AIR SANATORIA.

A resolution dealing with the necessity of establishing a hospital for the phthisical sick poor of London was passed at a meeting held on Monday at St. Martin's Town Hall, convened by the Managers of the Poplar and Stepney Sick Asylum District, who have had the question under consideration for some time and recently approached the Local Government Board upon it. This Board while sympathizing with the views of the Poplar managers as to the need for further accommodation for phthisical patients, considered that their individual action was a mistake and proposed a metropolitan conference of Poor Law Guardians. The outcome of this suggestion was the influential meeting held on Monday. Twenty-six of the thirty-two metropolitan districts sent representatives, who included guardians, medical officers and clerks, 77 delegates being present. The National Association for the Prevention of Consumption was represented by Sir William Broadbent, and Mr. F. W. Burton-Fanning, author of various books on the open-air treatment, was also present. After an interesting discussion a resolution was unanimously passed embodying the opinion of the Conference that the time had come when provision should be made for the open-air treatment of the phthisical sick poor of London; and recommending the matter for the consideration of the Local Government Board with a view to immediate steps being taken with regard to it.

The question is undoubtedly one of supreme and urgent importance. Modern science has revolutionized our ideas with regard to the treatment of phthisis, and to collect patients suffering from this disease together for treatment in the wards of hospitals and infirmaries in the centre of this great city is now known to have no remedial but rather a harmful effect. It is essential that such patients should live as much as possible in the open air, and moreover in pure air. We all know that pure air is

unobtainable in this city. The purest is laden with particles of dust—irritating and injurious to delicate lungs—with chemical products, and with the expired contents of the lungs of London's millions. Further, not only is open air and pure air necessary to the well-being of phthisical patients, but wide spaces and a large proportion of cubic feet of air to each patient are necessary if that in hospitals provided for them is not to be contaminated, and, therefore, made harmful for them. The provision of so much air space in the centre of this city is, however, impossible where the cost of land has risen to such a fabulous sum, and this again is a reason for the removal of phthisical patients to the country. All these points seem so self-evident that the only wonder is that the idea of keeping a single sufferer from phthisis in this centre of smuts and dust can be entertained for a moment. Reasons there are, however. First there is the fact that large sums have been spent in building and maintaining our London Consumptive Hospitals. Nevertheless it is probable that they might be disposed of to such advantage as to inflict no pecuniary loss upon them. In the second place they are at the doors of leading specialists, and busy men cannot spare time to go down into the country daily. It is, however, no use to place a patient within reach of the most brilliant man of science if, at the same time, he is placed in surroundings prejudicial to his recovery. It is better that he should be under the care of a doctor with less letters after his name, but who nevertheless is quite competent to take charge of him, than that he should be attended by the greatest authority in the kingdom if this necessitates living in poisonous surroundings.

With regard to the sick poor who are on the rates the question is less complicated, as the medical superintendent is always a resident medical officer who devotes his whole time to the duties of his office. There would, therefore, probably be no objection raised, except on the score of expense, if it were decided to move such patients into the country. That Boards of Guardians would be compensated for any initial expenses incurred is probable, for in Germany, where everyone in receipt of less than £150 a year is compelled to belong to a life insurance society, these societies, in order to avoid the heavy sick pay have, at their own cost, built and maintained sanatoria for the reception of phthisical cases.

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