

NURSING HOMES AND THE DISORDERLY HOUSES ACT.

Several of the metropolitan borough councils have presented petitions against those clauses of the L.C.C. General Powers Bill relating to the control of nursing and massage homes, on the ground that the powers could be more efficiently and economically exercised by the borough councils as an extension of their powers under the Disorderly Houses Act. It will be remembered that the County Council proposed to disassociate the administration of the proposed regulations from the work of the borough councils under the Disorderly Houses Act because it was recognised that the majority of nursing homes, &c., were *bona fide* establishments and should not be dealt with as though they were in the same category as houses of ill fame. To placate the opposition of the borough councils the Parliamentary Committee of the L.C.C. nevertheless proposes to transfer to the boroughs the powers of registration and administration, only reserving to the County Council the power of making bye-laws.

A GRAVE INJUSTICE.

At the meeting of the Council on March 10th, the Public Control Committee presented an urgency report of a meeting held a few hours previously when it was decided to impress upon the Council the necessity of adhering to the policy of retaining under central control the registration, &c., of nursing homes and massage establishments.

There was a somewhat protracted debate, but it turned mainly on the rights and dignities of borough councils, and the preservation of their powers under the Disorderly Houses Act. Only the Rev. Dr. Scott Lidgett and Mr. H. H. Gordon touched on the position of *bona fide* nursing homes. Dr. Scott Lidgett remarked that if there could be an unhappy suggestion, it was that those new powers would belong of right to the borough councils, as the authorities under the Disorderly Houses Act. What would be the attitude of a Committee of the House of Commons if the Council came forward with an argument that cast an aspersion upon all institutions included in the scope of the Bill? It might be urged that this important industry needed supervision in order that its respectable side might be protected from those who followed degrading practices, but the Council ought not to make itself a party to an aspersion that the establishments in which the industry was carried on could fairly be classed with disorderly houses.

On a division a proposal to refer back the Parliamentary Committee's proposal for further consideration was lost by 61 votes to 44, but a final decision had not been reached when the Council adjourned.

As the second reading of the Bill is expected to take place in the coming week, the next battleground will be the House of Commons.

The proposal of the Parliamentary Committee of the L.C.C. if enforced would be fatal to the status and prestige of Private Nursing Homes,

and we hope well trained women who superintend such institutions, will make an effort to convince the London County Council of this fact before it is too late. Otherwise there is little doubt that a grave injustice to an honourable class of women workers will be the result.

ROYAL COMMISSION ON VENEREAL DISEASES.

MR. BALLANCE.

At the twentieth meeting of the Royal Commission on Venereal Diseases evidence was given by Mr. Ballance, Chief Surgeon of the Metropolitan Police and Surgeon to St. Thomas's Hospital, and by Mr. Richardson of the National Association of Medical Herbalists of Great Britain.

Mr. Ballance said that the amount of venereal disease among the police was very slight. Formerly, police officers reporting themselves sick from venereal diseases were looked upon as defaulters, their pay was stopped usually for a week and they were generally put on half pay afterwards. In May, 1911, the system was entirely changed, and it was decided that venereal disease should be treated like ordinary sickness. The result has been that most of those affected with venereal disease have reported themselves sick to the divisional surgeon and have not tried to keep it secret. As many cases as can be accommodated are sent to the military hospital, but if that hospital is unable to receive them they are sent to the nearest large general hospital. Mr. Ballance thought that the number of syphilitic patients had increased, but that this was due to the fact that the men appreciated the treatment at the military hospital; he did not think that there was any increase of prevalence of the disease amongst the force. The change of system, had had the good effect of securing treatment at an early stage. Out of 83 constables reported as treated at the primary stage at the military hospital only three developed secondary symptoms. Out of 116 other consecutive cases only eight had had clinical relapses. He considered that these figures were quite wonderful.

From his experience at St. Thomas's Hospital, Mr. Ballance thought that in recent years there were fewer serious venereal cases than formerly; this he thought was due to the early treatment of the cases instead of their being neglected or untreated, as in the old days. He very much doubted whether the actual prevalence had diminished. Questioned as to the use of salvarsan, he said that in the cases in which he had used it he had never seen any danger arise from it, only good.

MR. RICHARDSON.

Mr. Richardson said that he was an M.D. of Cincinnati. At the present time the degree course there was four years, but when he qualified twenty-five years ago the course was of two years' duration. He did not think that venereal diseases were so common to-day as they were twenty-five years ago, education was such that men did not

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