

causative aspects, and experience of therapeutic measures must be pooled."

The Cost to the Nation.

Sir Walter S. Kinnear (Controller of Health and Pension Insurance, Ministry of Health), in the Session on "Social Aspects," estimated the cost to the country in 1927 of industrial rheumatism, calculated on disbursements under the National Insurance Scheme, as £5,000,000, to which, he said, must be added about £12,000,000 as the amount of wages lost to insured persons through rheumatism, and even this total of £17,000,000 did not include anything for the cost of medical treatment of sufferers not totally incapable of work, the cost of nursing in bad cases, or the necessary institutional treatment, nor did it cover fully persons over 70, or make any allowance for dependants of insured persons.

The Organisation of the Medical Treatment of Industrial Rheumatism.

Dr. H. B. Brackenbury (Chairman of Council, British Medical Association), speaking on the organisation of medical treatment of industrial rheumatism, described such treatment as including the elimination of infected foci, the administration of drugs, and the use of various physical agencies or methods. "The problem of organisation was to provide treatment for those unable to provide it for themselves, without any waste on unsuitable cases or unnecessary travelling or superfluous equipment, but with the greatest available knowledge, experience, and skill placed at the service of the patients, and with every possible facility for education and research. . . ." "Two practical schemes compatible with the provisions of the amending Insurance Bill before Parliament had now been submitted to the profession and the public. One was the out-patient clinic to be established in London under the auspices of the British Red Cross Society, and the other the scheme for spa treatment of insured persons under the auspices of the British Spa Federation. The latter had received, certain conditions being accepted, the approval of the Council of the British Medical Association. It was to be hoped that both these schemes would become operative, and, indeed, that they would be united, but they must conform to certain requirements if they were to receive the hearty support of the medical profession."

Intrinsic Poisoning.

Dr. R. G. Gordon (of Bath) said that no disease could be attributed to one etiological factor, and perhaps this platitude was more applicable to the chronic rheumatic diseases than to most others. No one could doubt that in all forms of fibrositis, infective arthritis, and more indirectly osteo-arthritis, faulty elimination played an essential part, and it might be that too little attention had been paid to intrinsic poisoning, resulting from failure by the patient to get rid of his waste products of metabolism.

The Bacterial Factor.

Dr. Carey Coombs (Physician to the Bristol General Hospital), held that "the causal factor was infection rather than intoxication, and that the infection was blood-borne. To the question as to the portal by which the streptococcal organisms entered the blood channels only an incomplete answer could be returned. That the tonsils were responsible in many instances was so probable that it might perhaps be treated as proved."

Decrease of Virulence due to Development of School Hygiene.

Sir William Willcox, in speaking on the treatment of the underlying infection, said that "in his experience of hospital practice one did not meet to anything like the same extent to-day with the virulent cases of rheumatic

fever in children which were so common thirty years ago, an improvement which he attributed largely to the development of school hygiene."

Many other interesting points were presented and discussed. We refer our readers who wish to pursue the study of this subject further to the *British Medical Journal* of May 19th.

The remarks of our contemporary as to condensation, the implied meaning of the word "Conference" and the distribution in the Conference halls of the printed papers, are points of good organisation to be commended to all who are responsible for the organisation of similar Conferences.

THE HEALTH OF THE SCHOOL CHILD.

Sir George Newman, Chief Medical Officer of the Board of Education, in the Nineteenth Annual Report on the School Medical Service, lays stress upon the facts (1) that "education, occupation, production, capacity, even character, are dependent upon *physique*. That is, and must remain, the bed rock. If it fail us all else will be imperilled. We may design admirable schemes of education in literature, science and the arts and crafts, and reform and adjust them from time to time, but if the pupil does not possess a healthy and well-balanced body, unimpaired special senses, a 'thinking hand,' and an alert and developing brain, we labour in vain, and our schemes may come to naught.

(2) "That *disease is a process*. It begins as a rule insidiously and in unrecognisable degree, but if it progresses without arrest it impairs both body and mind, and eventually destroys life prematurely. Disease is thus destructive, and therefore wasteful of life and wealth. But in childhood much of it is preventable, and nearly all of it is amenable to appropriate treatment, if taken in time.

(3) "That the objective of the School Medical Service is the health and physical development of the school child. It deals therefore with *all* children, sick or well. . . . If the School Medical Service is to be a piece of scientific statecraft it must be both constructive and preventive." Its end is "So to modify the environment, and to fortify the physiological life of the child, as to produce a more resistant body and a better person."

Arising out of the larger policy of the enlightened Authority there are some matters which demand the immediate attention of the school doctor:—"First, *he must consider the pre-school child*, whose body and mind have not been prepared for school. Somehow or other its heavy burden of sickness and defect must be dealt with before it enters school. It is at present an unfair medical burden on the education rate and on the school doctor, nurse, and clinic. Still more is it true to say that by its present neglect the nation is imposing an unfair burden upon itself. We allow disease to get ahead of us. Between the years of one and five, as I have pointed out before, the seed is sown which comes to fruit in school life and subsequently. The maternity and infant welfare centres are at present our only succour. What seems to be needed is an extension of this work up to five years of age, and the inclusion of definite medical inspection and treatment." Secondly, there is the need for "fuller and more exact clinical study. The value of the skilful and competent work being done by a number of school doctors shows that it should be done by all. The future progress of school medicine is dependent upon it."

SUNLIGHT—NATURAL AND ARTIFICIAL—AND ITS USE IN MODERN MEDICINE.

Major Walter Elliot, M.P., M.B., Ch.B., in the course of a Chadwick Lecture on the above subject, given at the House of the British Medical Association, said that:—

"Experience in England showed that the best results were obtained in treating (1) lupus; (2) certain skin conditions; (3) rickets; and (4) superficial lesions in surgical tuberculosis.

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