

The salary should be £200, rising to £300, with allowances for house and horse at Royal Irish Constabulary rates, and retirement at the age of 65 with a pension on Civil Service scale.

Medical inspectors to be chosen by competitive examination from dispensary and workhouse medical officers of over ten years' service who have a diploma in public health.

A post-graduate course about the tenth year of service should be attended by each medical officer, with full pay and free lectures. Every medical officer should be entitled to yearly vacation of one month.

Each county or group of counties should have a medical officer of health, a "whole-time" official, with adequate salary.

This is merely an outline, leaving many important matters of detail to be filled in; but it is on some such lines, I submit, that the much-needed reform in this system must be brought about.

The reformation is almost entirely in the hands of the profession itself. The service at present is hard and unattractive, and offers but little inducement to the young man starting in life. If this could be brought home to him, the unfailing law of supply and demand will bring the remedy, as it has, for instance, in our Army Medical Service, for which there is now keen competition among the best of our students.

We must remember that it is not only on professional grounds that reform is needed; the claims of the poor of Ireland should also be considered. It was for them the system was established. It is plainly the duty of the State to provide them with a service thoroughly efficient and up to date, and it is a reproach to successive Governments to have allowed the present conditions to have continued so long.

THE ATTENDANCE PRIZE SYSTEM;

ITS RELATION TO THE SPREAD OF DISEASE IN
ELEMENTARY SCHOOLS

By RALPH P. WILLIAMS, M.D. LOND., D.P.H. OXON.,
MEDICAL INSPECTOR OF SCHOOLS AND ASSISTANT MEDICAL OFFICER
OF HEALTH TO THE CITY OF SHEFFIELD.

PRIZES for regular and punctual attendance are given in nearly all the elementary schools of this country. Some few education authorities give prizes for efficiency and progress, but a high percentage of attendance is also required, and absence on account of illness, infectious or otherwise, is not taken into account, and therefore disqualifies. The giving of bronze and silver medals for consecutive perfect attendance during such periods as four and six years is also a common practice. The advantages and disadvantages of the system may be briefly summed up.

ADVANTAGES.

1. The Government grant is earned by means of attendance. Thus money spent in prizes is looked on as well invested, and likely to return great increase in larger grant obtained.
2. The children are trained in regular and punctual habits.
3. If children are absent there is a loss of sequence in their education.

DISADVANTAGES.

1. The wrong children often get the prizes. The child who tries and the brilliant child may have temporary illness, and therefore receive no reward; whilst the dull and backward and the idle child may win yearly.
2. In many cases the parents are most keen, they really deserve the reward. The child with neglectful parents has little chance, as it is kept away from school for trivial causes, and is thus not successful.
3. In the more enlightened cities, where absence on account of infectious disease is allowed, the prize is a farce as a prize for regular attendance, as a child may be absent for months with ringworm or scarlatina, and yet receive a first-class reward for, perhaps, a month's attendance in the year.
4. The giving of prizes for attendance demanded by law, when by the child's absence parents are liable to be fined, is also an argument against the system, although a very trivial one compared with

- (a) The risk to individual health.
- (b) The risk to the public health.

THE RISK TO INDIVIDUAL HEALTH.

Children are sent to school with bilious attacks; they have to be kept recumbent, and even then vomit on the floor. The teachers allow them to remain simply to prevent their losing an attendance.

Again, in the case of children suffering from various physical defects, I often receive answers to my letters requesting the parents to obtain medical attention to the effect that the child will be attended to in the holidays, so as not to miss its special prize, and promises are very poor things compared with deeds. I know children have lost special rewards owing to one half-day's absence spent at the hospital for the removal of adenoids. No doubt many parents are over-anxious about their children, and keep them away from school for the slightest ailment; but if done in good faith this is much better than sending the child to school, well or ill, in order to obtain a first-class reward.

THE RISK TO THE PUBLIC HEALTH.

Children sent to school with the early symptoms of scarlatina, measles, etc., sit close to healthy children, and thus disease is spread.

In one case a mother brought a little boy to school, and begged the teacher to allow him to stay, although he was obviously far from well, so that he "might not miss his prize." This was on a Tuesday morning; on Thursday he died of scarlatina. In another case a child was kept at school all one day and till noon the next. During the afternoon she was delirious, and, on the family doctor being called in, she was sent to the fever hospital suffering from scarlatina. Another child was seen sitting by the fire on account of a sore throat. This child had diphtheria, and her reason for being in school was that absence would deprive her of a prize. In all these instances grave risk had been run of infecting other children.

In visiting schools when measles is prevalent in the district, how often colds in the head and red eyes are noted and excluded! Supposing these symptoms occur in the last fortnight of a child's six years' perfect attendance, with a silver medal fall in sight, ignorant parents can scarcely be blamed for sending the child, although even to the unprofessional eye it ought to be in bed rather than at school.

I think all interested in the problem of health at school will agree that the weight of evidence is against the attendance prize system, and that some effort should be made to remedy it.

In Sheffield the system has been completely altered. The prizes in the future are to be given for progress and efficiency based on the class teacher's recommendation and the head teacher's examination. A high percentage of attendance will be required, but illness, both infectious and otherwise, will be allowed for, so that the child who is ill during the term will have as good a chance of a prize as the one who is ill in the holidays.

It is to be hoped that, in the near future, other education authorities will alter their prize system to one on the Sheffield plan, and thus a good deal of unnecessary misery be spared the children for whom they are responsible.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PAROTITIS AS A SEQUELA OF PNEUMONIA.

THE patient in the following case, a man aged 42, was attacked by acute pneumonia on December 26th, 1907, the left lung being involved. Crisis occurred with five attacks of vomiting on the seventh day of the disease.

After-Progress.—On the following day the temperature and pulse ran up again, and what should have been the third day of convalescence was marked by the onset of tenderness and great swelling behind the right ramus of the lower jaw, below the lobule of the ear. Next day, owing to extension of swelling and symptoms of toxæmia, an incision was made over the inflammatory tumour, but no pus was evacuated. After the lapse of a further forty-eight hours, and the employment of boracic fomentations, beads of pus appeared in the incision. As drainage was evidently deficient, and the whole parotid gland, superficially and deep, was suppurating freely, further extensive incisions were employed, and a thorough vent given to the loculated collections of pus, which welled up from deep tracks, reaching to the digastric fossa behind, the glenoid fossa and interpterygoid muscular area anteriorly, as also through Stensen's duct into the mouth.

Thirty-one days after the onset of the parotitis sinuses were healed, and induration and swelling remained, giving rise to slight limitation of movement of lower jaw.

REMARKS.—The pus on cultivation yielded luxuriant growth of *Staphylococcus albus*, but no pneumococci. Thus the case was evidently one of original oral infection, and directs attention to the necessity of strict watchfulness over the oral cavity in every instance of ill or good health. The gravity of suppurative parotitis, by reason of the important anatomical relationship of the gland to the cranial cavity, ear, internal jugular and temporo-maxillary veins, calls for early free incisions and drainage, to avoid a fatal termination from toxæmia and pyæmia. Acute parotitis, or parotid babo, with suppuration is known to occur rarely after the acute infectious fevers, typhus, typhoid, scarlet fever, measles, and small-pox, as a sequela of ovariectomy or other abdominal operations without apparent sepsis, as also after septic appendicitis and gastric ulcer, and is then usually regarded as of metastatic or unsatisfactorily explained origin.

But as sequelæ of these operative abdominal cases may not the parotitis be more practically explained by oral sepsis arising by direct extension up Stensen's duct: the virus being part of that which has originated the lower alimentary septic process, or generated in post-operative aseptic cases by retention of milk and other fluid nourishment about the superior alveolar-labial sulcus into which Stensen's duct opens? More thorough and constant attention to oral cleanliness in health and disease would lead to less dental decay, greater freedom from infective processes like suppurative parotitis, tonsillitis, gastric ulcer, cholangitis, cholecystitis, and appendicitis; it being well known that the oral cavity is a most favourable nidus for most of the micro organisms to which flesh is heir, hence the pathological paradox of "that which entereth, and not that which cometh out of, the mouth, defileth a man." Having written this report, I note with interest that in the EPTOME of the BRITISH MEDICAL JOURNAL of March 7th Leguen, discussing the etiology of post-operative parotitis, affirms that it always originates in oral sepsis and is not of blood or central origin.

Blundellsands.

G. BURTON ROBINSON,
M.B.Durh., M.R.C.S.

ORAL FILTERS.

For some years past we have used at the Royal Victoria Eye and Ear Hospital an operating mask which has one advantage over the oral filter described by Staff Surgeon Duncan in your issue of February 22nd. It consists of a piece of butter muslin, which covers the head and face, and is buttoned under the operating coat. A slit is made in it for the eyes, and from each end of this slit a tape passes over the ears and is tied behind the head. The essential point of the mask is a piece of thin flexible wire, which is attached along the lower border of the slit for the eyes. When the mask is on, the wearer moulds this strip of wire to the shape of his nose, and thereby prevents his breath rising up at each side of the nose and obscuring his spectacles—an immense advantage, if he is, like myself, one of those who use glasses when operating.

Dublin.

JOHN B. STORY.

SPONTANEOUS INVERSION OF THE UTERUS.

RECENTLY I was called hurriedly to a case of labour. On arrival, I found that the child had been born, and that the patient—a primipara, aged 21 years—was obviously suffering from profound shock—a small, rapid, and feeble pulse, sickness, and a cold clammy skin. On examination, I found the child and placenta expelled on the bed, and the entire uterus inverted, protruding as a globular mass. The entire organ was in a state of relaxation, but hæmorrhage had not been excessive. My hand placed on the abdomen detected the absence of the round ball of the contracted uterus. I reduced the inversion by grasping the uterus in the hollow of my hand and pushing gently and firmly upwards into its natural position. On making inquiries, I was satisfied that there had been no mismanagement of the third stage of labour, either by traction on the cord, the placenta being still adherent, or by improperly-applied pressure on the fundus. No mechanical cause could be traced, and the occurrence was undoubtedly one of spontaneous inversion. Such an occurrence is, I believe, one of great rarity. It was only observed once in upwards of 190,800 deliveries at the Rotunda Hospital since its foundation in 1745, and not once in 250,000 deliveries in the Vienna Lying-in

Hospital, and many practitioners have conducted large midwifery practices for a lifetime without ever having witnessed a case. My patient never recovered from the shock, and died twenty-eight hours after delivery. The case, especially occurring in a primipara, seems sufficiently rare and curious to be worth recording.

Stockton-on-Tees.

GEORGE HALL, M.A., M.B., Ch.B.,

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE
HOSPITALS AND ASYLUMS OF THE
BRITISH EMPIRE.

QUEEN'S HOSPITAL, BIRMINGHAM.

A CASE OF STATUS EPILEPTICUS: LUMBAR PUNCTURE:
RECOVERY.(Reported by RICHARD C. ALLEN, M.R.C.S.Eng.,
L.R.C.P.Lond., House-Physician.)

A. H., a domestic servant, aged 28, was brought to the hospital on November 5th, 1907, at 7 p.m., having been found unconscious in the street.

On admission she was comatose and cyanosed, the breathing was rapid and stertorous, foam was issuing from the mouth, and the whole body was in a state of clonic spasm. The pupils were equal, very contracted, and did not react to light; the pulse rapid (144) and very feeble; temperature 99°; knee-jerks slightly increased and plantar reflex extensor on both sides; there was no ankle clonus. Under the influence of inhalations of chloroform and the administration of 30 grains of potassium bromide by the rectum, the spasms ceased and the cyanosis and foaming disappeared, while the pulse became slower (106) and stronger. For about an hour the patient remained fairly comfortable, but at the end of that time the spasms returned, and she relapsed into a state similar to that on admission, and during the following eight hours she had no less than thirty-six epileptiform fits, in spite of the practically continuous administration of chloroform.

At 4.15 a.m. on the day following admission death appeared imminent, the spasms were worse than on admission, the pulse hardly perceptible, the breathing rattling and stertorous, the urine and faeces were being passed involuntarily, temperature 103°, respirations 52. At this crisis lumbar puncture was performed, the needle being inserted between the second and third lumbar vertebrae. The cerebro-spinal fluid at once spurted out, evidently under considerable pressure; 3 oz. was allowed to escape, and the result was immediate improvement. The fits ceased, the pulse became stronger and could be counted with ease (110), and the general condition of the patient greatly improved, although consciousness was not regained for over twelve hours. The cerebro-spinal fluid was quite clear, and on examination proved sterile and normal in every respect.

During the following six days the patient remained in a torpid and lethargic condition, pulse 76, respirations 24. On November 12th, seven days after admission, she seemed quite well, the pulse and respirations were normal, knee-jerks and plantar reflexes were also normal, the mind was clear and speech distinct, there was no headache, but pressure over the vertex and temporal regions produced a feeling of soreness. The urine was normal, both fundi normal. The patient was discharged in good health on November 18th.

The patient states that she had never had any illness until three months before admission, when she had an epileptic fit, followed by another a week later. The doctor who attended her stated that the fits were epileptic. She had been quite well from that time till the day of her admission. She was taken ill whilst returning from a friend's house, where she had been to tea. There is no history of epilepsy in any other member of her family.

The writer is indebted to Dr. O. J. Kauffmann for permission to publish this case.

UNDER the will of the late Dame Mary Tierney, widow of Sir M. E. Tierney, the Royal Hospital for Incurables receives a sum of £300.

MEDICAL NEWS.

THE estate of the late Mr. E. R. Bickersteth, of Liverpool, has been sworn at a net value of £329,767.

At the recent examination for master and operative plumbers held by the Registration Committee of the Plumbers Company, nineteen candidates presented themselves, and three passed.

THE Lord Chancellor, on the recommendation of The Mackintosh of Mackintosh, Lord-Lieutenant of the County, has placed the following gentlemen on the Commission of the Peace for the County of Inverness: Dr. Finlay Matheson Mackenzie (Inverness), and Dr. Alexander MacIachlan (Beaulieu).

AMONG the courses of lectures to be given at the Royal Institution after Easter will be two lectures on Animal Heat and Allied Phenomena, by Professor William Stirling; and three lectures on Mendelian Heredity, by Mr. W. Bateson. Among the Friday evening discourses to be given, one by Dr. H. T. Bulstrode is announced.

A MEETING of the Provisional Council of the National Union of Public Health Authorities was held on March 26th at the Grand Hotel, London. The draft rules prepared by the Chairman and the Honorary Secretary, after being carefully considered and in a few respects amended, were adopted and will be submitted to a conference of the Union to be held on May 28th at Caxton Hall, Westminster.

THE Society for the Study of Inebriety will hold its annual meeting in the rooms of the Medical Society, 11, Chandos Street, Cavendish Square, on Tuesday next at 4 p.m. A short address will be delivered by the President, Dr. Harry Campbell, after which a discussion on "reasons for drinking" will be opened by Mr. Stanley B. Atkinson, M.A., M.B., B.Sc., J.F., of the Inner Temple, Barrister-at-Law.

THE first meeting of the German Society of Tropical Medicine will be held in Hamburg on April 15th and 16th. Professor Nocht, Deputy Chairman of the Society, has informed Dr. G. H. F. Nuttall of Cambridge, Honorary Secretary-General of the International Society of Tropical Medicine, that the members of the German Society will be happy to welcome members of allied societies from other countries on this occasion. The opening meeting will take place at 9 a.m. on April 15th in the Institut für Schiffs- und Tropenkrankheiten, Hamburg.

To show the strong prejudice and woful ignorance that prevailed regarding sanitation among the subordinate officers and crews of the British Navy half a century ago and more, Admiral Moorman, the Senior Admiral of the Fleet, who is about to celebrate his 98th birthday at Exmouth, Devon, mentions in some reminiscences of his early days that he was once court-martialled for "tyranny" for daring to be a sanitarian. "They distinguished me," says Admiral Moorman, "by sending me from the West Indies to Portsmouth to be court-martialled. It was a most unusual thing. They wanted a written defence, and I said I would make only a verbal one, to which they yielded at last. I pointed out in my defence that I was being tried for keeping the yellow fever out of the ship, in which I was successful. I would insist on sanitary regulations being observed, and while I hadn't a single case on board the *Cossack*, of which I was then Captain, all the others were infected with yellow fever. I was most fully and most honourably acquitted at the court-martial, with a strong animadversion on the false swearing of witnesses."

CHICAGO PASTEUR INSTITUTE.—A report recently issued by the Chicago Pasteur Institute deals with the total number of cases of hydrophobia treated there from the date of its foundation on July 2nd, 1890, up to December 1st, 1907. The number of patients who received the antihydrophobic treatment was 3,130. Of these, 2,779 had been bitten by dogs, 102 by cats, 109 by horses, 28 by skunks, 6 by wolves, 36 by cows, 12 by calves, 2 by burros, 4 by coyotes, 1 by a rat, 4 by mules, 6 by pigs, 2 by sheep, and 38 were infected by hydrophobic human beings. Of the patients treated, 1,685 were bitten by animals found to be rabid by microscopic examination of the brain or inoculation test, or by the death of persons or animals bitten by the same animal; 1,109 had been bitten by animals found to be rabid by symptoms shown in life, and 336 had been bitten by animals strongly suspected to be rabid. Seven deaths are reported, a mortality of 0.22 per cent. Of the 7 persons who gave up the treatment, 2 were subsequently attacked by rabies and died.

SMOKE ABATEMENT.—A movement is being organized in London with the object of persuading urban authorities throughout the kingdom to penalize the emission of smoke from domestic as well as industrial chimneys. The use of smokeless fuel is already enforced in New York and nearly all the great cities of America. The adoption of a similar regulation in this country, although long desired by sanitary reformers, has been prevented hitherto by the Englishman's devotion to the open hearth. It is urged that this obstacle has now been overcome, not only by the improvements in gas and electric fires both for cooking and heating, but by the successful adaptation of open grates to the smokeless consumption of anthracite and other varieties of hard coal, and by the introduction of coalite, a fuel consisting of soft coal purged of the products which ordinarily hinder combustion, and pass up the chimney as smoke. It is probable that the Public Control Committee of the London County Council will take some steps in the direction of encouraging the use of smokeless fuels in domestic grates, but a number of sanitary reformers are pleading for a compulsory ordinance which, they aver, could now be enforced, to the great benefit alike of the urban community and the individual consumer; and to this end a vigorous campaign is to be undertaken in London and the other great cities of the kingdom.

INTERNATIONAL LARYNGO-RHINOLOGICAL CONGRESS.—The International Laryngo-Rhinological Congress, which is intended to be a celebration in honour of Türk and Czermak, to whom is due the application to medical purposes of the laryngoscope discovered by the *maestro* Manuel Garcia, will be held in Vienna from April 21st to 25th. The Congress, which is under the patronage of His Imperial Highness the Archduke Francis Ferdinand, will be presided over by Professor O. Chiari. An address in honour of Türk and Czermak will be delivered by Professor L. Schrötter, Ritter von Kristelli. Reports on laryngology and rhinology from the standpoint of general medicine, with reference to education and examination in these specialties, will be presented by Professor B. Fraenkel of Berlin, and Dr. Lermoyez of Paris. Among other subjects on the programme are the connexion of diseases of the nose and post-pharyngeal space with those of the eye, to be introduced by Professor Onodi of Buda-Pesth, and Professor Kuhnt of Königsberg; the general treatment of local affections of the upper air passages, to be introduced by Sir Felix Semon; the diagnostic and therapeutic importance of the x rays and radium in laryngology and rhinology, to be introduced by Professors Burger, of Amsterdam, and Gradenigo, of Turin; and the treatment of tuberculosis of the upper air passages, to be introduced by Dr. Gletsman, of New York, and Dr. Heryng, of Warsaw. The list of communications promised, though not yet complete, is already a long one. The number of members so far is 332.

THE BRITISH LYING-IN HOSPITAL.—We have before us the annual report of the British Lying-in Hospital, Endell Street, W.C., the chairman's speech at the annual general meeting, and the medical report. We notice that 602 deliveries took place during 1907 with 2 maternal deaths. The chairman considered it very meritorious that the number of deaths was so small. But to medical men the question is not how many deaths occurred, but how many preventable deaths. We are glad to be able to say that in neither of these 2 deaths was the hospital at fault. One was from eclampsia, a disease that can neither be predicted nor prevented; nor can the effect of treatment be foreseen. The other was from *ante-partum* haemorrhage. The condition had been treated outside the hospital by the "Rotunda method"—that is, plugging the vagina; but the haemorrhage had not ceased, and the patient was admitted in a state of collapse. The "Rotunda treatment" was continued after admission, and the vagina replugged. Four hours later, however, the medical officers had to fall back on the old method recommended by Ramsbotham, R. Barnes, and Braxton Hicks. The patient, however, died an hour after delivery. The premature detachment of the placenta, which causes *ante-partum* haemorrhage, is, like eclampsia, a morbid condition, which we can neither predict nor prevent, for we know not why it comes about. Numerical statements do not help us much in judging the effect of treatment, owing to the impossibility of drawing any definite line between a slight case and a bad one. Slight cases recover under any treatment, and there are bad cases that nothing which can safely be done in a poor woman's dwelling house will save. The Chairman, in his speech, announced that the Board of Management had appointed a resident medical officer. This is a very judicious step, which cannot but make for the good administration of the hospital. It now appears to be as well managed as any in London.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

DISTRIBUTION OF PRIZES.

ON April 6th Sir Dyce Duckworth, M.D., LL.D., visited the Royal Hospital, Haslar, to distribute the prizes won by recently-joined surgeons, R.N., at the termination of the course of instruction. Sir Herbert Ellis, K.C.B., the Medical Director-General of the Navy, was also present. The prizes were awarded as follows:

The Gold Medal for Hygiene, etc., to Surgeon G. B. Scott of St. Bartholomew's Hospital.
The Silver Medal and books for Practical Analysis, etc., to Surgeon J. McCutcheon of Edinburgh University.
The Microscope for Tropical Medicine, etc., to Surgeon G. Carlisle of Guy's Hospital.
The following is the list of surgeons who passed out, together with the combined marks obtained at both the London and Haslar examinations.

	Marks.		Marks.
1. Surgeon Carlisle ...	4,468	6. Surgeon Babington ...	3,537
2. " McCutcheon ...	4,127	7. " Wright ...	3,373
3. " Scott ...	3,974	8. " Carson ...	3,188
4. " Holl ...	3,753	9. " Hamilton ...	2,907
5. " Petch ...	3,593		

After distributing the prizes Sir Dyce Duckworth delivered a short address, in the course of which he said that the duty that he had just discharged had been especially pleasing to him, because it recalled memories of the time when he joined the Royal Naval Service. The conditions were very different at that time: there was then only one examination, held by a Medical Board at Somerset House; candidates had to translate a portion of Latin from Gregory's *Conspicua*, and prove their efficiency in medicine, surgery, and materia medica by papers and a viva voce examination. He had been appointed to Stonehouse Hospital, Devonport, but never served afloat, although he had gained valuable experience under one of the ablest and kindest inspector-generals, the late Dr. Stewart, well known for his splendid service in combating yellow fever in H.M.S. *Eclair*. Sir Dyce Duckworth said that his naval career had been brought suddenly to an end by his appointment as medical tutor in the school of St. Bartholomew's Hospital. Many years later his connexion with the service was resumed by his appointment to be an examiner in medicine for naval candidates. He congratulated all officers present on having entered the service, for to serve in it even for a short time was to be inspired with the spirit of discipline and patriotism which no other calling could so well supply. Sir Dyce Duckworth added that he had perhaps inherited such feelings from his grandfather, who had been surgeon of H.M.S. *Leander* in Nelson's time, and had kept very elaborate private journals. Passing on from these reminiscences, he asked his hearers to bear in mind that as medical officers they would be expected to give proof of their skill and quality as members of their profession and strenuously to maintain the highest standard of professional ethics and dignity. As wardroom officers they would be brought into daily contact with the best and ablest colleagues in the ship. If he showed qualities of good comradeship, good temper, and the grace of self-effacement, a surgeon might become one of the happiest and best-loved men in the ship. A lesson he had learnt in the service was never to be in a hurry about anything, and never to vex himself about position or to be unduly punctilious about precedence. Practically, a naval surgeon could make for himself his own position by common sense and cheeriness, and would then find that he was amply appreciated and wholesomely popular among all ranks. He asked them not to expect too much, not to grumble, but to take the rough with the smooth, always being ready and dependable to fulfil any duty or orders, however irksome or unpleasant. The medical profession was everywhere and always one of self-sacrifice and self-denial. The naval surgeon must remember that he was the only representative on the ship of a noble profession, and should always inspire respect; he was expected, in virtue of his calling, to take the high line in all walks of life, and by prudence personally, and by precept, to set a good example with respect to the employment of alcohol, so often a snare, especially to young men. There was nowadays no reason why naval surgeons should fall behind in professional knowledge and experience, but they would do so if they did not always do their best work in the best way. They would have time for reading, study, and cultivation of the mind, and no cruise could be dull or devoid of interest to men of education. He recommended them to work diligently at one or more modern languages, proficiency in which would assuredly bring them forward, and add largely to the pleasure and interest of visiting foreign countries. His advice might

be taken as unbiassed, but he was speaking with knowledge of the life and career of some who had been colleagues and pupils in past years, who had reached high places in the splendid service, and he had, alas! also known some who had failed in making their position all that it might have been. He was reminded of one who was once a naval surgeon, but who rose afterwards to the highest position in a sister service: he was asked at the end of his long and distinguished career if he still believed in anything. "Yes," he said, "I still believe in a gentleman." Sir Dyce Duckworth agreed with that grand old man, Surgeon-General Sir Joseph Fayrer, Bart., K.C.S.I., whose portrait adorned the neighbouring room. The honour of their profession and the honour of the uniform they were privileged to wear compelled them to exemplify that character in all the situations in which they might be placed in any part of the world; duty first and always, the highest skill and efficiency they could exert, a pride in their work and perseverance in it, with patience and honourable ambition, would not fail to secure for any one of them the esteem and regard of their commanding officers, and provide them with ever-increasing spheres of usefulness and responsibility.

THE ZAKKA KHEL EXPEDITION.

THE *Gazette of India*, under date Calcutta, March 20th, publishes a dispatch from Sir James Wilcocks, who commanded the force sent against the Zakka Khel, detailing the operations undertaken against that tribe. The Governor-General concurs in Lord Kitchener's favourable opinion of the soldierly conduct displayed by all ranks throughout the operations. Among the officers brought to favourable notice by Sir James Wilcocks is the name of Colonel M. W. Kerin, R.A.M.C.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF ABERDEEN.

THE CARNEGIE TRUST—NEW SCHEME OF ALLOCATION.

THE Carnegie Trustees have now issued their new allocations of grants for the next five years. September, 1907, saw the end of the first quinquennial scheme, and an interim allocation was made for the period up to September, 1908, the trustees meantime instituting inquiries as to the needs of the various universities and colleges, through the medium of a subcommittee consisting of Lord Elgin, Lord Balfour of Burleigh, and Mr. Thomas Shaw. A new scheme to provide for a period of five years from September, 1908, has now been completed, and under this arrangement, in addition to large grants to the University, the projected Technical College, and the Aberdeen and North of Scotland College of Agriculture (which is housed in the University buildings) will participate in the disbursement of the funds of the trust. The Technical College receives a grant of £2,000 spread over five years, and the Agricultural College a grant of £1,000 in yearly instalments of £200. The University receives an annual grant of £8,000 for five years. The trustees have gone on the principle of giving grants for building or permanent equipment or endowment, but money is also given, though sparingly, towards current teaching expenditure. In view of the recent extension, little is needed at Aberdeen University for buildings, and here we find that the money is almost entirely allocated to equipment or endowment. The lectureships in education, German, political economy, and constitutional law and history have been selected as suitable for endowment, and the trustees are to give £1,500 a year towards the endowment of education and German—that is, £7,500 to each—and £1,000 a year towards the endowment of political economy and constitutional law and history—that is, £5,000 to each. The library, under the new scheme, will receive £1,000 a year instead of £750. The details of the grants to Aberdeen University are as follows:

	Annual. £	Total. £
Library ...	1,000	5,000
Permanent equipment ...	1,000	5,000
Teaching—		
(a) Endowment—		
(1) Lectureship in Education ...	1,500	7,500
(2) Lectureship in German ...	1,500	7,500
(3) Lectureship in Political Economy ...	1,000	5,000
(4) Lectureship in Constitutional Law and History ...	1,000	5,000
(b) Income—		
(1) Lectureship in Education ...	700	1,500
(2) Lectureship in German ...	300	1,500
(3) Lectureship in Political Economy ...	200	1,250
(4) Lectureship in Constitutional Law and History ...	100	750
	£20,000	£40,000

Under this new quinquennial arrangement Aberdeen University receives £1,000 a year less than under the last scheme, and similar reductions appear to have been made in the grants to the other Scottish universities.

UNIVERSITY OF GLASGOW.

The following candidates have been approved at the examinations indicated:

FIRST M.B., CH.B. (B., Botany; Z., Zoology; P., Physics; C., Chemistry).—M. J. Aitken (B., P.), J. Angus (B., P.), R. R. Archibald, M.A. (B.), C. Averill (Z.), R. B. Bain (P.), A. Baird (B., Z.), J. G. Becker (Z., C.), S. H. Bloom (P.), S. Blumenfeld (Z., C.), A. Brown (Z., C.), R. A. Brown (P.), W. Brown (Z., C.), J. S. Buchanan (Z.), E. T. Burke (Z., C.), N. Cameron (B., C.), J. Campbell (P.), J. M. Clark (P., C.), G. Cochrane (B.), R. C. Corbett (Z.), D. A. Cuth (B., Z.), G. Dalziel (B., P.), A. H. Davidson (Z., P., C.), W. T. G. Davidson (Z., C.), J. H. Dible (Z., C.), W. B. Drummond (Z., C.), J. Dunbar (Z., C.), R. Findlay (Z., C.), J. M. Forsyth (Z., C.), W. Forsyth (Z., C.), W. Fraser (Z.), J. E. Fyfe (Z., C.), L. L. Fyfe (P.), J. J. Gibb (B., P.), A. M. Gibson (Z., C.), A. Glenn (Z., C.), C. H. Haddow (B., P.), J. R. Haldane (C.), J. C. Hall (B., C.), J. Hamilton (Z.), D. C. Hayes (B., Z., P.), A. G. Henderson (C.), F. Henderson (B., Z.), J. G. Hendry (B., Z., P.), J. W. Hewitt (Z., C.), T. P. Inglis (Z.), A. J. Joubert (Z., C.), C. J. Kirk (C.), R. P. A. Kirkland (Z., C.), J. A. Kruger (C.), W. J. B. Lavery (Z., C.), F. Lawrie (Z.), N. V. Lothian (Z., C.), J. A. McConnochie (Z., C.), J. F. McCreath (Z., C.), J. R. McCurdie (Z., C.), N. McFarlane (Z., C.), C. A. McGuire (Z., C.), J. G. McKenna (Z., C.), C. Mackinnon (B., Z., P., C.), G. D. McLean (Z.), J. M. Macpherson (Z., C.), T. Martin (Z., C.), O. H. Mavor (Z.), W. Montgomery (Z.), N. Morrison (P.), A. Muir (B.), M. Murphy (B., P., C.), A. S. Neilson (B., Z., P.), J. B. Orr (M.A., Z., C.), J. Purdie (Z., C.), J. C. Pyper (Z., C.), J. F. Quigley (Lambhill) (Z., C.), J. F. Quigley (Rutherglen) (B., P.), H. Y. Riddell (P.), E. Robinson (Z., C.), J. H. Robertson (Z., C.), J. I. Robertson (Z.), S. Rutherford (B., Z., C.), F. Shearer (Z.), N. I. Sinclair (B.), J. F. M'G. Sloan (Z., C.), H. C. van der W. Smit (Z., C.), J. Smith (B., Z.), A. R. S. Soga (Z., C.), R. A. Steven (B.), L. T. Stewart (B., Z.), R. Stewart (Z., C.), W. P. A. Stewart (Z., P.), A. H. Taylor (Z., C.), W. Taylor (Z., C.), J. C. T. Teggart (Z., C.), E. G. Y. Thom, M.A. (Z., C.), E. N. Thomson (C.), T. Waterhouse (C.), G. M. Wish (Z., C.), W. H. N. White (B.), W. Whitelaw (B., Z., P., C.), W. B. Wilson (Z., C.), W. L. Wilson (B., P.), W. F. Wood (C.), W. P. Yates (B., P.), F. H. Young, M.A. (C.).
Women.—J. R. Anderson (Z., C.), A. B. Auchencloss (P.), M. M. Curtis (B., C.), J. M. Davidson (Z., C.), J. K. M'E. Hunter (Z., C.), M. L. Kirkwood (Z., C.), B. Macgregor (P.), J. M. McKee (Z., C.), E. B. Orr (B., Z.), I. J. Stark (P., C.), P. Stewart (Z.), M. B. Thomson (P.), M. Walker (B., P.).

SECOND M.B., CH.B. (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics).—T. Adam, M.A. (P., M.), D. R. Adams (A., M.), A. C. Anderson (P., M.), D. Arbuckle (A., M.), J. C. Auchencloss (A.), C. Auld (A., P.), R. B. Austin (P., M.), J. B. Baird, B.Sc. (A., P., M.), C. S. Black (M.), J. Broadfoot (A., P., M.), A. H. Brown (M.), J. Buchanan (A., P., M.), J. A. S. Burges (P., M.), T. S. Campbell (A., P., M.), W. G. Clark (A., P., M.), R. H. Deans (A., P.), J. T. Dick (A., P.), D. Downie (P., M.), P. Drummond (P., M.), R. Drummond (A., P., M.), A. M. Dunlop (M.), J. Dunlop, M.A. (A., P.), W. D. Dunlop (A., P.), A. S. Findlay (A., P., M.), N. G. Gibbie (A., P., M.), R. Gilchrist (A., P., M.), J. Graham (A., P.), J. Gray (A.), A. W. Gregorson (A.), A. C. Haddow (A., P., M.), G. Haddow (P.), A. B. Hamilton (P.), J. Jack (A., P., M.), T. J. Kirk (M.), A. Leishman (M.), J. Macallan (P., M.), D. C. Macdonald (A., P., M.), J. Macdonald (A., P.), M. A. Macdonald (A., P., M.), W. Macewen (A., P.), A. Macintyre (A., P., M.), B. McKean (A., P., M.), J. G. Mackenzie (P., M.), T. J. Mackie (A., P.), W. M. McKie (M.), M. Mackinnon (P., M.), A. B. MacLean (A., P.), W. A. MacLennan (A.), A. M'Leod (P., M.), M. H. M'Leod (M.), A. T. M'Whirter (A., P.), F. W. Martin (M.), A. Miller (A.), C. L. Miller, M.A. (A., P., M.), R. S. Miller (P.), J. Mitchell (P., M.), J. M'I. Morgan (M.), J. Mowatt (A.), A. R. Muir (A., P., M.), C. Nicholson, M.A. (M.), J. Paterson (P., M.), T. Paterson (P.), E. R. K. Paton (P., M.), J. Penman (A., P., M.), A. Poole (P.), A. S. Richmond (P.), D. W. Ritchie (A., P., M.), R. C. Robertson (A., P., M.), J. I. Russell (A., P.), J. H. N. F. Savy (A., P.), J. M'A. Scott, M.A. (A., P., M.), J. M'N. Scott, M.A. (A., P., M.), J. D. S. Sinclair (A.), W. Sneddon (M.), G. R. Spence (P., M.), R. Steel (A.), E. E. Stewart (A.), J. Stewart (A., P., M.), T. L. G. Stewart (P., M.), G. I. Strachan (A., P., M.), A. E. Struthers (P., M.), W. O. Taylor (A., P., M.), S. V. Telfer (A., P., M.), H. E. Whittingham (A., P., M.), J. Williamson (Holytown) (M.), G. J. Wilson (A., M.), H. Yellowlees (P., M.).
Women.—C. Barrowman (M.), L. E. Dodge (P.), F. A. Gallagher (P., M.), H. S. Keir (M.), A. M. McMichael (A., P., M.), J. D. M'Whirter, M.A. (M.), M. Muir (M.), M. A. Pillitt (A., P., M.), F. E. Sexton (A., P., M.), J. Wallace (A.).

THIRD M.B., CH.B. (P., Pathology; M., Medical Jurisprudence and Public Health).—A. Aitchison (M.), W. S. Alexander, M.A. (P., M.), J. Allan (P., M.), J. G. Anderson (P., M.), W. Anderson (P.), W. H. S. Armstrong (M.), A. Ballantyne, M.A. (P.), D. Barbour (P.), E. Barnes, M.A. (M.), A. M. Bayne (P.), D. M. Borland (P.), M. W. Browdy (P., M.), D. Y. Buchanan (P., M.), C. J. B. Buchheim (P., M.), J. A. G. Burton (P., M.), J. Cairns (P., M.), J. Cameron (P.), A. H. Clark (P., M.), A. B. Cluckie (P.), J. L. Cochrane (P., M.), C. Duguid, M.A. (P., M.), J. K. Dunlop, M.A. (P., M.), D. Fisher (P.), T. L. Fleming (P.), T. S. Forrest (P.), W. L. Forsyth (M.), R. Gale (P., M.), W. E. Gemmell (P.), A. G. Gilchrist (P., M.), R. D. Goldie (P., M.), G. S. Gordon (P., M.), A. T. A. Gourlay (P.), E. O'D. Graham (M.), J. Granger (P., M.), K. C. G. Gray (P., M.), J. M'L. Hendry (M.), D. Howie (P.), B. M. Hunter (P., M.), J. W. Jones (P.), J. P. Kinloch (P., M.), D. N. Knox (P., M.), W. T. Lindsay (P., M.), W. M'Adam, M.A., B.Sc. (P.), D. C. M'Archie (M.), W. C. Macartney (M.), R. M'Carlie (M.), W. M'Connell (P., M.), A. M. Macdonald (P.), D. M'Intyre (P., M.), R. B. F. M'Kail (P., M.), G. Macleod, M.A. (P., M.), C. Macmillan (P., M.), J. W. M'Nee (P.), J. H. M'Nicol (P., M.), A. M'Pherson (P.), M. M. MacRae (M.), T. Marlin (P., M.), W. A. L. Marriott (P., M.), H. B. W. Morgan (P.), F. M'urchie (M.), F. L. Napier (P.), W. Niccol (P., M.), C. M. Niccol (P., M.), D. R. P. (P., M.), J. Robertson (P., M.), H. G. Robinson (P., M.), A. Roemle (P., M.), W. Rutherford (P., M.), W. W. Scott (M.), W. A. Sewell (P., M.), J. J. Sinclair (P., M.), J. S. Somerville (P., M.), W. Stevenson (P.), A. Stewart (P., M.), A. F. Stewart (P., M.), D. C. Suttie (P., M.), R. Sweet (P., M.), D. M. Taylor (P.), W. Telfer (P.), A. G. W. Thomson (P.), C. H. Wagner (P.), G. Wallace (P., M.), J. B. Whitfield (P., M.), H. J. Windzer (P., M.), J. Y. Wood (P.), D. Yellowlees (P.), D. Young (P., M.).
Women.—E. A. Hay (P., M.), M. C. Mitchell (P., M.), J. D. Rankin (P.), M. E. Robertson (P., M.), O. Robertson (P.), M. E. Rutherford (P., M.), J. H. Stewart (P.), E. M. Walters (P., M.).

The following passed with distinction in one or more of the subjects:

FIRST M.B., CH.B.—S. Blumenfeld, N. V. Lothian, J. H. Robertson, W. B. Wilson.—Janet R. Anderson, C. Averill, J. H. Dible, Maggie L. Kirkwood, J. R. McCurdie, C. A. McGuire, T. Martin, J. B. Orr, M.A., J. C. Pyper, W. Taylor, W. Whitelaw, J. Campbell, J. F. Quigley (Rutherglen), Mary B. Thomson, Margaret Walker, E. F. A. Kirkland, G. M. Wish.
SECOND M.B., CH.B.—R. H. Deans, T. J. Mackie.—J. T. Dick, M.A. MacDonald, W. Macewen, J. B. Baird, B.Sc., H. E. Whittingham, J. Buchanan.
THIRD M.B., CH.B.—W. M'Adam, M.A., B.Sc., G. Macleod, M.A., H. B. W. Morgan, C. M. Niccol, J. G. Anderson, D. C. Suttie.

UNIVERSITY OF LIVERPOOL.

APPOINTMENTS COMMITTEE.

The Council of the University has organized an Appointments Department with a view to securing appointments for its graduates both at home and abroad. No fee is charged to employers, and no candidates are recommended except those personally known to members of the University staff, and upon whom every reliance can be placed. Among the graduates seeking employment are fully-qualified medical men. The Committee will be glad to receive notice of vacancies. All communications should be addressed to the Secretary, Appointments Committee, the University, Liverpool.

UNIVERSITY OF DURHAM.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—J. E. Dainty, W. Barks, J. A. Caulcrick, H. A. Cooper, H. F. Iliewicz, C. Marks, Theresa de G. Miller, J. A. Sacco, W. Sacco, R. H. Smallwood, M.A., W. E. E. Unthank, C. L. Wigan, G. H. Wood.

* Second Class Honours.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

COMPENSATION FOR LOSS OF OFFICE.

H. states that the guardians of his district have under consideration a proposal to supersede the present medical officers by appointing others who are to give their full time to their work. He asks, "What scale of compensation is usual in such cases?"

* * This is ruled by Clause 8 of the Superannuation Act, which provides that any officer who has not become entitled to superannuation allowance, and who loses his office by reason of reduction of staff or by any alteration of areas or boundaries or otherwise ceases to hold office by reason of any cause whatever other than his own misconduct or voluntary resignation, shall be entitled to receive a sum equal to the amount of all his contributions to any fund under this Act. There is a further provision that in any such case of loss of office, the guardians may also if they think fit, with the sanction of the Local Government Board, grant to the officer a gratuity not exceeding twice the amount of his salary and emoluments during the year ending on the Quarter Day immediately preceding the day on which he ceases to hold office. It should be noted that superseded officers can claim as their right a return in full of all their contributions paid towards superannuation, but that any gratuity for loss of office is dependent on the will of the guardians and the subsequent approval of the Local Government Board.

DUTIES OF WORKHOUSE MEDICAL OFFICERS.

X. writes as follows: Does it come within the duties of workhouse medical officers to furnish a lunacy certificate without a fee for the removal of a lunatic from a workhouse to a county asylum?

* * This form of certifying is not one of the duties of a workhouse medical officer, who becomes empowered to certify any case of pauper lunacy for removal to asylum only when authorized or ordered to do so by the magistrate who signs the order for the patient's removal thereto and his reception therein. The magistrate so acting can call to his assistance any medical practitioner he thinks fit to perform this special duty, and has, moreover, the power to order the guardians to pay him a reasonable fee for the assistance he renders by certifying in the form required by the Lunacy Act, 1890.