

3. *The Nomenclature of Operations and Diseases.*—At present one of the great difficulties in comparing various hospital reports is the lack of uniformity in the method of describing operations and diseases. For example, in some cases appendicitis is classified according to the operation performed—such as removal of the appendix or opening an abscess; in others according to the pathological condition—for instance, simple appendicitis, suppurative appendicitis, etc.; and in a third according to a clinical basis—quiescent cases and acute. A definite and uniform classification could be substituted for this, and modified from time to time as occasion arose.

4. *The Scope of the Inquiry.*—The actual scope which it would be possible to give to the inquiry could only be settled by careful discussion among those who draw up the scheme, but probably it will be found that when once a uniform system is established it will be very little more trouble to furnish careful and detailed facts and figures than to give only large groups of cases. The question of ultimate results of certain operations, which is of such immense importance, might be definitely considered and an attempt be made in certain diseases, especially malignant disease, to return each year the number of patients alive after one, three, or more years after operation. And if this could be successfully done it would alone amply repay all the trouble of the whole investigation.

5. *The Record of Facts.*—The actual work would have to be done in two stages. The first would be the record of facts according to the agreed plan, and this would be done under the supervision of the registrar at each hospital.

6. *The Compilation of Statistics.*—All these facts would then have to be sent up to a central or common registrar at the end of each year, and he would put them together and present the combined figures as a collective report.

In this way the profession would be afforded each year an absolutely authoritative and impartial report of the results of all the major operations performed in the United Kingdom. From this could be derived the most valuable knowledge as to the prognosis after operations, the increase or decrease of various diseases, and the different operations performed for their relief. And the improvement in results could be noted in each procedure by the comparison of one year's results with another.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

POTASSIUM IODIDE AND ARTERIAL THICKENING.

A GENTLEMAN of the Hebrew race, 65 years of age, consulted me in April last for pain over the region of the heart on the slightest exertion, a feeling of giddiness when stooping, and of weakness of the muscular system and insomnia. He had lived a very strenuous life as a business man, having had to work hard to keep himself and parents in former years; now he was free from business worries, and was living a life of ease. He had never had a serious illness such as syphilis or rheumatism. Examination revealed nothing abnormal in heart or lungs; the urine was free from sugar and albumen and of normal specific gravity. But what attracted my attention from the first was the thickened state of his arteries, which were very prominent in the temporal regions, and in the arms the radials could be felt halfway up. The patient lived a very regular life, was a very moderate consumer of wine and beer, but never touched spirits. He was a great smoker. We knocked off the tobacco, and allowed him only weak tea and cocoa and milk instead of coffee in the morning, and he took regularly for four months a mixture of iodide and bromide of potassium, of each 4 grains three times daily, and was ordered hot foot-baths at night to promote sleeping. Improvement gradually set in; the pain over the heart left him, sleep returned, more exercise could be indulged in, and to-day he tells me he feels wonderfully well. I had not seen him for quite two months, and to my great surprise I found the calibre of the arteries in the temporal and radial regions much diminished, so much so that I had difficulty in tracing the radial any distance from the wrist, and in the temporal regions they were

scarcely visible or tangible. As iodides and bromides are acknowledged to be powerful remedies in cases of arterio-sclerosis, especially when the change is due to syphilitic disease, I made use of them in this case, although the poison of syphilis could be excluded; but never having during twenty-six years of practice seen such a rapidly beneficial effect directly visible to sight and touch, I thought I might present the details of this remarkable case for publication.

London, E.C.

JOHN H. SPITZLY, M.R.C.S., etc.

FAMILY PNEUMONIA.

As an instance of the susceptibility, and of the want of resisting powers, of some families to pneumonia, and also as an example, if any were needed, of the contagiousness of the disease, the following series of seven cases, with five deaths, occurring in one family since April 11th, and the first five in that month, are sufficiently remarkable to deserve record.

The family lived in two adjoining cottages; in the one, the two grandparents, a married son, his wife, and two children, aged respectively 1½ years and 1 month; in the other, the second son, his wife, and five children. In May, on the death of his wife, the first son and his two children went to live with the latter.

The first to contract the disease was the grandmother, aged 67. She had symptoms of influenza for two days, with bronchitis; developed pneumonia of the left apex on April 11th, and died on April 17th.

The wife of the first son, a weakly woman aged 32, confined one month previously, was taken ill with severe diarrhoea and high temperature on April 12th; developed signs of pneumonia in the right middle lobe two days later, and died of marked toxæmia and oedema of lungs on April 20th. Her child, aged 1½ years, and her niece, aged 3½ years, in the adjoining cottage, developed the disease on April 20th. They both recovered, the former by lysis at the end of the second week, the latter, after a very severe attack, by crisis on the twelfth day. The pneumonia in these cases also was apical. The last three cases were treated in hospital. On April 28th the grandfather, aged 77, was taken ill, developed physical signs at the left apex, and died on May 1st.

I hoped that this was the last of the disease I should see in this family, but on June 16th, another child of the second son, aged 1 year and 4 months, contracted measles, and the day after the rash appeared pneumonia developed; she died on June 30th.

On July 28th the aunt brought the infant born in March to me, suffering from gastric disturbance, due to an error in feeding. She improved with treatment, but at 4 a.m. on August 3rd I was called to see the child. She had apparently been in good health on the previous day; in fact, the neighbours had remarked on her improved appearance. She was put to bed at 6 p.m., after being out all the afternoon. The aunt retired at 10 p.m., when the child seemed fairly well, but she awoke at 11.30 p.m. to find her breathing rapidly and noisily. When I saw the child she was pale, the pulse uncountable, the respirations 60, and the temperature 103°. There was loss of resonance at the left base on percussion, with diminished air entry. She died at 8.30 a.m., not more than ten hours after the onset of the disease. *Post mortem* I found signs of consolidation of the greater part of the left lower lobe, the other organs being healthy; she apparently died of rapid toxæmia.

It will be noticed that of the six persons living in the first cottage in April five have had pneumonia, four cases being fatal. In the second cottage, two children have contracted the disease, and one has died. After the third case the cottage was disinfected and the family removed to the adjoining one.

During the spring of this year there were several cases of pneumonia in the neighbourhood, but, as far as I know, few fatalities; three cases occurred in cottages near, but all recovered, so that the high mortality in this one family appears to have been due to a marked absence of resisting power on their part rather than to the virulence of the epidemic.

Buckhurst Hill.

GEORGE NORMAN, M.B., M.R.C.S.

gone in from influential bodies, notably from a large number of the Divisions of the British Medical Association, but up to the present the Board has turned a deaf ear. Perhaps if the members of the Moral Education Congress came forward they might be listened to.

That squalor causes mental and moral deterioration no one will deny. It was Rousseau who said, "A weak body weakens the character," and it is certain that no amount of preaching and moral pressure will produce much effect upon children who come too often from homes where an atmosphere of immorality prevails, in rags, starving, verminous, sleepless, diseased. The moralists can raise funds for health visitors who can visit the homes, and they can urge that better-born women should become teachers in the elementary schools, and this without the slightest loss of dignity. Above all things, let educationalists of all shades of opinion realize once for all that until hygiene is recognized as an indispensable subject in our education code, educational and moral progress must be retarded and immeasurable material wasted to the Empire.

Most important is the point touched upon by Professor Sadler with regard to children after they leave school. The labouring classes, unfortunately, assume that on the day they leave school their children must become bread-winners, and, so long as they earn a little money, will allow them, and even compel them, to undertake any kind of work. Too often this is of an unprofitable kind, leading to nothing, and tending merely to unsettle them and unfit them for steady employment. We want employment committees in connexion with every elementary school, or group of schools, to act as advisers to the parents and to the boys and girls as they leave school. Their business would be to find suitable employment for them with respectable employers, to arrange for their training where possible, and to keep in touch with them, to hear their complaints, and when these were justified to deal with them. A handful of committees interesting themselves in the employment of children already exist, but praiseworthy as their efforts are they cannot make an impression upon the multitudes of children discharged each year from the schools, and who are allowed to drift into factories, hawk newspapers, and become van boys for want of something better to do. This is a State question which must be handled by experts, and we require to develop the technical and practical side of education. Here the members of the Moral Education Congress can bring pressure to bear upon the Government to remedy this most pressing evil. There is room also for clubs and reading rooms supplied with wholesome and stimulating literature.

Medical News.

THE Post-graduate Course at the Leeds Public Dispensary will reopen on Tuesday, October 13th. Full particulars can be obtained on application to Mr. Michael Teale, Honorary Secretary, at the Dispensary.

MR. H. B. IRVING and MISS DOROTHEA BAIRD have kindly promised to give a *matinée* during their autumn season at the Shaftesbury Theatre, in aid of the Mothers' and Babies' Welfare, Somers Town, St. Pancras, an institution for helping and feeding nursing mothers.

THE London Medical Exhibition organized by the *British and Colonial Druggist* will this year be held from Monday to Friday next at the Royal Horticultural Hall, Westminster; the exhibition will be open from noon till 7 p.m. on each day.

THE King has instituted the Territorial decoration for officers of the Territorial Force, consisting of an oak wreath in silver tied with gold, having in the centre the Royal cipher and crown in gold. To be eligible an officer must have served twenty years in the Territorial Force, including the previous commission service in an auxiliary arm.

THE first meeting of the eighteenth session of the North London Medical and Chirurgical Society will be held at the Great Northern Central Hospital, Holloway Road, N., on Thursday next, when Mr. Stephen Paget will read a paper at 9.30 p.m. on vivisection and its present relations to medical and surgical science.

IN an article, entitled, *The Cure of Experimental Nagana (tsetse disease)* (*Deut. med. Woch.*, August 20th, 1908, S. 1457), Loeffler, Rühs, and Walter describe a new method of giving arsenic for this disease. Briefly stated,

this consists in giving arsenious acid by the mouth and atoxyl subcutaneously or intramuscularly. For guinea-pigs, which were chiefly used, they recommend the following procedure: First, 0.003 per kilo. arsenious acid by the mouth; 0.03 atoxyl subcutaneously. After five days, 0.004 per kilo. arsenious acid; 0.04 atoxyl. After another five days, 0.005 per kilo. arsenious acid by the mouth; 0.05 atoxyl subcutaneously. Smaller doses were also employed, but in these cases relapses were apt to occur. Dogs and cats were also treated with success. Antimony salts were not found suitable for intramuscular injections, the local effects being too severe; these results agree with those obtained in human beings when similar medication has been tried. Unfortunately, cures, or so-called cures, in animals do not mean that similar results will obtain in man, but any one with a suitable opportunity might at least try the method on cases of sleeping sickness.

BRITISH PHARMACEUTICAL CONFERENCE.—An abstract of the President's address was published in the *JOURNAL* of September 26th. The further work of the Conference consisted in the hearing and discussion of valuable papers on tests and research carried out by members and the election of office-bearers for next year. The papers were mostly of a technical character and numbered seventeen in all and were as follows: The Strychnine Standard for Preparations of Nux Vomica, by Dr. W. E. Dixon (Cambridge) and Robert Wright, F.C.S.; The Characters of Official Iron Arsenate, by Dr. F. B. Power and Harold Rogerson; The Preparation of a Soluble Ferric Arsenate, by Power and Rogerson; Standards for Alkaloidal Drugs and their Fluid Extracts, by J. C. Umney, F.C.S., and C. T. Berretta, B.Sc., F.C.S.; Charas, by David Hooper, Government Museum, Calcutta; Tasteless Liquid Extract of Cascara Sagrada, by Ernest Quant; Commercial Pilulae Hydrargyri, by Gilbert Gibson, Aberdeen; Valenta's Test for Oils, by E. W. Pollard, B.Sc.; Notes on Commercial Lead Plaster and Litharge, by E. F. Harrison, B.S.C., F.I.C., and H. E. Watt, D.Sc., A.I.C.; Phases of Pharmacy in Scotland—A Historical Sketch, by T. P. Gilmour; The Examination and Valuation of Scammony Resin and Jalap Resin, by W. B. Cowie, F.C.S., Edinburgh; The Examination of Mexican Scammony Resin, by W. B. Cowie, F.C.S., and B. M. Brander; Note on Commercial Ethers, by W. B. Cowie, F.C.S., and T. O. Broadbent; Determination of Mercury in Unguentum Hydrargyri, by P. H. Crewe; Notes on Some *B.P.C.* Formulas, by Harold Wyatt; The Alcohol Solubility of Resin of Podophyllin, by Samuel Taylor. Mr. J. F. Tocher, B.Sc., F.C.S., of Peterhead, was appointed President for next year when the Conference meets in Newcastle. Mr. Tocher is an analytical chemist of repute and is also a well-known anthropologist.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Catherine Street, Strand, London, W.C., on September 18th. There were present: Dr. de Havilland Hall, in the chair; Dr. M. G. Biggs, Dr. M. Greenwood, Dr. J. Brindley James, Dr. W. A. Dingle, Mr. F. S. Edwards, Dr. W. G. Dickinson, Dr. F. C. Martley (Dublin), Dr. W. Knowsley Sibley, Dr. H. A. Sansom, Dr. J. W. Hunt, Dr. St. Clair B. Shadwell, Dr. F. J. Allan, Dr. Fredk. S. Palmer, Mr. Edwd. Bartlett, and Dr. J. B. Ball. The records of the business for the summer months show as usual a marked diminution in the number and amount of the sickness claims compared with the experience of the spring. In the first three months of this year the sickness claim account was expanded by the epidemic of influenza, and a considerable extra disbursement had to be made from this cause, and, although the summer experience has been under the expectation, it has not so far balanced the extra expenditure in the early spring. The number of new entrants has been unusually large. Last year made a record in new proposals, yet there is every reason to hope that 1908 will show a still larger total. As the Society pays no commission, has no agents, and has scarcely any expenditure in advertisements, this increase in the number of those who wish to join shows that the advantages obtained by membership are becoming more widely known. Nearly 4,000 weekly sick pay cheques are sent out by the Society in a year, and those doubtless act as very good canvassers. The list of those who are permanently incapacitated continues to grow. Several of these chronic cases have during the year been ended by the death of the members, but fresh cases of permanent breakdown have occurred, and the total number now drawing the half-pay allowance, usually £109 4s. per annum, slowly increases. Prospectuses and all further information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

ESPERANTO FOR MEDICAL STUDENTS.

SIR,—French and German are, no doubt, desirable for the medical student, but they do not solve his linguistic difficulties; for we know that the medical student who in his training-time is able to master those languages is a rare bird. How few practitioners can read and write and talk even French with ease! Further, even those rare birds are helpless in the presence of Russian, Japanese, Dutch, Spanish, Norwegian, and the many other languages in which precious original work is now put forth.

Esperanto, on the other hand, can be mastered in six months. It then gives free converse with minds in every country under the sun. True, there is not yet in Esperanto such a wealth of medical records as one finds in either French or German. But a beginning has been made. Given a demand, it will be easy to supply any amount of medical translations in Esperanto which will be intelligible to the whole world. Yet these would not be necessary long; very soon all workers would learn how to put their own results on record in Esperanto.

Teachers in our medical schools ought to be able to look into the future. If they realized that there is ready for use this marvellous intellectual instrument—a language which is at once easy and adequate and neutral—they would not advise their students to spend time (for scientific purposes) on French and German.—I am, etc.,

W. WINSLOW HALL, M.D.,

Diplomito de la Brita Esperantista Asocio.

London, N.W., Sept. 28th.

OPERATIONS AT ST. THOMAS'S HOME.

SIR,—Dr. Armstrong's letter in the *BRITISH MEDICAL JOURNAL* of September 19th, p. 861, reminds me of having lost a patient a few years ago who had accepted the hospitality of St. Thomas's Home, to which institution I was greatly averse to her removal.

She was operated upon by a surgeon attached to one of our metropolitan hospitals, but she ultimately succumbed. My patient was a daughter of a well-to-do publican, whose family were my patients for the past twenty years, and could very well afford to bear the expense of the operation being carried out at home. But "No, she must go to the 'home,'" said this surgeon whose opinion I had sought.

Surely the rules of St. Thomas's Home sadly need amending.—I am, etc.,

London, S.W., Sept. 28th.

J. FRENCH BLAKE.

Universities and Colleges.

UNIVERSITY OF LONDON.

Lectures in the Physiological Laboratory.

DURING the second term a course of eight lectures on the general physiology of nerves will be delivered by Dr. A. D. Waller, F.R.S., on Tuesdays at 5 p.m.

Advanced Lectures in Physiology.

The following courses of advanced lectures in physiology will be delivered during the first term:

1. Eight lectures on some problems of general physiology, more particularly those associated with muscle, by Dr. F. S. Locke, at the University on Tuesdays at 5 p.m., beginning on October 20th.
2. Eight lectures on fundamental problems in physiology, by Dr. W. M. Bayliss, F.R.S., at University College on Wednesdays at 5 p.m., beginning on October 21st.
3. Five lectures on experimental irregularities of the heart, by Dr. A. R. Cushny, F.R.S., at University College on Fridays at 5 p.m., beginning October 30th.
4. Eight lectures on the biochemistry of the brain, by Professor W. D. Halliburton, F.R.S., and O. Rosenheim, Ph.D., at King's College on Mondays at 4.30 p.m., beginning on October 19th.
5. Four lectures on haemoglobin and its derivatives, by P. P. Laidlaw, B.A., B.C., at Guy's Hospital Medical School on Thursdays at 4 p.m., beginning on October 8th.
6. Four lectures on metabolism of fatty acids, by J. H. Ryffel, M.A., B.C., B.Sc., at Guy's Hospital Medical School on Thursdays at 4 p.m., beginning on November 5th.
7. Eight lectures on the circulation in man, by Dr. T. Lewis, Dr. M. Flack, and Dr. L. Hill, F.R.S., at the London Hospital Medical College on Fridays at 4.30 p.m., beginning on October 16th.

Courses 1, 2, 4, and 7 have been recognized by the senate as courses for advanced lectures which a candidate at the B.Sc. (Honours) examination in physiology may name for part of his practical examination.

Lectures on Protozoology.

Professor E. A. Minchin will give a course of lectures on protozoology at the Lister Institute of Preventive Medicine at

5 p.m. on Mondays, Wednesdays, and Fridays during the third term. The lectures, which are free by ticket, will be addressed to B.Sc. students, medical men, and others interested in the subject.

Chadwick Lectures on Hygiene and Municipal Engineering.

Dr. Louis C. Parkes will deliver a course of four Chadwick lectures on the medical aspect of recent advances in hygiene as connected with sewerage, at the university, on Tuesdays at 4 p.m. during the second term, beginning February 2nd, 1909. The lectures are free, without ticket.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

MEDICAL TESTIMONIALS.

ROYAL NAVY.—Testimonials in favour of any system or article of commerce are generally sought from medical men for the purpose of being used for advertising, and have sometimes been so used years afterwards, to the great annoyance of the givers. It is much wiser to refuse.

H. J. S.—The objections to medical practitioners giving testimonials to be used in trade advertisements have been constantly pointed out in these columns. It is not consistent with the dignity of the profession that the names of members should be used to vouch for the virtues of an article of commerce. There is the further objection that while the specimen reported upon by the analyst may have been all he says, he has no means of controlling its subsequent manufacture; and the business with his testimonial may pass into other and less responsible hands, and the giver may find his name associated with people and practices to which he would under no circumstances have given his support.

UNPROFESSIONAL ADVERTISING.

J. H.—We are pleased to have our correspondent's assurance that the portrait to which we referred (see *BRITISH MEDICAL JOURNAL*, September 19th, p. 863) was published without the knowledge of the practitioner concerned, but he is wrong in stating that we do not comment adversely upon similar references to male practitioners whenever they are brought under our notice (see *BRITISH MEDICAL JOURNAL*, May 30th, 1908, p. 1335; August 8th, 1908, p. 363). Whatever "jealousy" may "exist among medical men towards medical women" in no way influences our opinion of the professional impropriety of these notices whatever the sex of the practitioner, or of the need for action by the profession to stop them.

MEDICAL ADVERTISING.

ONONOL.—Our correspondent sends us a paragraph from a provincial newspaper on the physical condition of the children in the local elementary schools as revealed by medical inspection, which lays stress on the value of the classes in personal hygiene and public health which have been given by a local medical practitioner who is named, and points out the special value and importance of such instruction to parents and school teachers. Our correspondent suggests that this is advertising, and wishes to know what the proper method of procedure would be to prevent its recurrence.

* * There should be no question of intentional advertising on the part of the practitioner concerned, and although many of our best men have objected to give popular lectures because of the methods followed by the promoters in announcing them to the public, yet, as they are generally thought to be a useful means of conveying to the public much-needed instruction, it is not possible to condemn them, although it jars a little with our notions of professional propriety to see the names of medical practitioners displayed in large type on the hoardings of our cities. We have repeatedly advised lecturers to prevent unnecessary advertising of their names; and, speaking from our own experience, we believe that there is less to complain of than there was a few years ago. In the present instance the editor of the newspaper has apparently published this paragraph in order to draw attention to what he considers a useful public work, and we should consider it hypocritical to find fault with him for mentioning the name of the lecturer.

commenced with a thrombosis of veins in one leg, extending to the veins of the other leg, and gradually into the veins of the pelvis and to the vena cava, and for a few days before his death to the cerebral veins, causing paralysis of the right side with aphasia. He was attended in his illness by Dr. Hyla Greves, Dr. Ramsay, Dr. Purkis, and his two sons.

Dr. Alderson leaves a widow, two daughters, and three sons to mourn the loss of a most affectionate and kind parent. Two of his sons are members of the medical profession.

The funeral took place on Tuesday, September 8th. The service was held in All Saints Church, Branksome Park, Bournemouth, the interment in the adjoining churchyard. A large number of friends and representatives from the public bodies in Poole to which Dr. Alderson belonged were present, Dr. Alderson's youngest son taking a part in the service.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Paolo Emilio Cappello, Director of the Ospedale della Consolazione and Surgeon to the Ospedale del Bambino Gesù in Rome, aged 56; Dr. Gottlieb Eiselt, sometime Professor of Internal Medicine in the Czech University at Prague, aged 76; Prince Iwan R. Tarchanoff, formerly Professor of Physiology at St. Petersburg, aged 62; Dr. J. Marchan-Murawow, formerly Professor in the Army Medical Academy of St. Petersburg; Dr. von Jakimowitsch, formerly Professor of Histology and Embryology in the University of Kieff; Professor Alexander von Poehl of St. Petersburg, whose name is well known in connexion with various serum-therapeutic remedies; Professor J. G. Hjalmar Kinberg of Stockholm, aged 89; and Dr. J. Reboul, Surgeon to the Hospitals of Nimes.

THE LATE DR. MONTAGUE MURRAY.—On Sunday next, October 4th, after the close of the morning service (about 12.20 p.m.) at the King's Weigh House Church, Duke Street, Grosvenor Square, W., there will be unveiled a mural brass to the memory of the late Dr. Montague Murray, Senior Physician to Charing Cross Hospital. The brass bears the following inscription:

To the Memory of
HUBERT MONTAGUE MURRAY, M.D., F.R.C.P.,
Physician to Charing Cross Hospital,
Treasurer of this Church,
Who died November 25, 1907,
Aged 52 years.

How happy is he born or taught
Who serveth not another's will;
Whose armour is his honest thought
And simple truth his highest skill.

WOTTON.

Contract Practice.

OPERATIONS ON CLUB PATIENTS.

TRYPANOSOME writes that he is surgeon to a Druids' lodge, and wishes to know whether his duties as such ought to include major surgical operations performed on members in their own homes.

* * It is not customary for the surgeon to a friendly society to perform major operations on members, but in cases of emergency he might be required to do so where it was impossible to transfer the patient to a suitable hospital.

A MEDICAL AID COMPANY.

J. W. B. sends us a form issued by the National Medical Aid Company, Limited, which applicants for membership are required to sign. From this it would appear that the latter are required to depose that they are in good health, members of the Liverpool Victoria Legal Friendly Society, and that they have not been canvassed or persuaded to join by any collector. He wishes to know if members can be legally taken on these conditions.

* * There is nothing illegal in the enrolment of members in this manner nor in the acceptance of these appointments by medical practitioners, provided there has been no "touting" for members, but the scheme is not founded on true provident principles. We can only repeat the advice, frequently given before, that self-respecting practitioners should have nothing to do with this company.

Public Health

AND

POOR-LAW MEDICAL SERVICES.

MEDICAL INSPECTION OF SCHOOLS.

THE medical inspection of schools has now been organized in many parts of the country and some of the results have been published in local newspapers. A preliminary report on elementary schools was presented to the Northumberland Education Committee on September 24th, which shows that 26 schools had been visited and 1,025 pupils inspected. Of these 179 were found defective, 127 suffering from faulty vision, and 31 from glandular development. The purchase of seventy-five weighing machines was recommended. For the medical staff of the Bradford Education Committee, consisting of three doctors and a nurse, a surgery has been provided where between forty and fifty children are being treated daily for minor ailments, such as sores, sore eyes, discharging eyes, and ringworm. The Board of Education Committee insists that the school clinic shall be suitably fitted up for testing the eyesight of children believed to be suffering from defective vision and for prescribing appropriate spectacles, and, that in certain cases the local education authority shall provide appropriate spectacles free of cost or at a reduced rate; and that the local education authority shall appoint a school nurse. Her duty will be to attend at the school clinic and assist in the treatment (under the direction of one of the medical staff of the local education authority) of minor ailments. To visit the homes of the children, under the instructions of the school medical officer, for the purpose of urging on the parents the necessity of obtaining treatment for their children. In the case of verminous or unclean children, to show the parent how the condition of the child may be remedied, and, where necessary, to assist in remedying it, whether in the child's home or elsewhere. It is made a condition of the Board's sanction of these arrangements that the local education authority will take every precaution to secure that only those children shall be treated in the school clinic or provided with spectacles for whose treatment adequate provision cannot otherwise be made, whether by the parents, or by voluntary associations or institutions such as hospitals, or otherwise; and that admission to the clinic shall be obtained solely by authority of the school medical officer, and that all treatment shall be carried out under his supervision or direction.

At Croydon five health visitors act as assistants to the medical officer. One health visitor always attends the medical officer on her rounds of inspection, and it is her duty to undertake the preliminaries of the work. A case-book is filled in with all the necessary details, a detached slip being kept by the health visitor which is intended to help her in afterwards going her rounds in order to ascertain if the advice is followed. Another slip is sent to the mother—should she not be present—informing her of the state of her child's health, while the counterfoil is held for future reference. Papers of advice on various matters are freely distributed if lack of supervision results in neglect, such as of the teeth or hair.

DEDUCTIONS FOR SUPERANNUATION PENSIONS.

AN "Old Reader" writes: As is well known, there are deductions made from the salaries of Poor-law medical officers towards superannuation pensions. Now I have heard that when a Poor-law medical officer resigns his appointment before receiving any pension he can claim the return of these deductions. Is this the case, and if so, to whom should he apply for their return?

* * The question asked by our correspondent appears to be ruled by Clause 7 of the Superannuation Act, 1896. It is as follows: "An officer or servant who is dismissed or resigns . . . shall forfeit all claim to any superannuation under this Act in respect of his previous service, provided that in the case of any such officer or servant the guardians may, if they see fit, return to him out of the common fund of the union a sum equal to the amount of all or part of his contributions under this Act." As we read this clause, we regard it as evident that an officer who voluntarily resigns his appointment cannot claim any return of his contributions, but the guardians may as an act of grace return to him the whole or part of such contributions. Should they consent to do this, it would not require the confirmation of the Local Government Board. Any application for the return of contributions should be by a formal application to the Board of Guardians for such return.

IN memory of her late husband, Mrs. Berkeley Hill has presented University College Hospital with a collection of portraits of those who were her husband's colleagues at the hospital in the year 1891.

THE late Sir Charles Gage Brown, K.C.M.G., M.D., LL.D., who was for many years medical adviser to the Colonial and Foreign Offices, left estate valued at £49,103.