

with little or no hospital training for professional probationers was, he thought, a mistake. At the same time it should be recognized that very valuable unskilled assistance had been given to the civil and military hospitals in the form of voluntary aid by members of the St. John Ambulance and Red Cross organizations.

IRISH EMIGRATION.

The Registrar-General's monthly return of the number of natives of Ireland who left Irish ports during the month of May, 1915, shows that emigration from Ireland is still on the wane. The total number of emigrants last month was 1,025 (620 males and 405 females), as compared with 3,648 (1,875 males and 1,773 females) in the same month last year, a total decrease of 2,623. During the first five months of the present year the total number of Irish emigrants was 2,938, compared with 11,449 for the same period in 1914, a falling off of 8,511.

STUDENTS' STRIKE AT THE COLLEGE OF SURGEONS.

A curious position of affairs has arisen at the Royal College of Surgeons, Ireland, where the students have gone on strike as a protest against the action of the Council in appointing an outside professor—a gentleman from Trinity College—as examiner in anatomy, instead of the present professor of anatomy in the College. In the anatomy class there are 120 students, and it is stated that all of these, with the exception of two lady students, have joined in the protest and deserted the dissecting-rooms. They state that they will remain away from the College until the authorities accede to their appeal in favour of the professor of anatomy, and that if the appeal is not granted they will refuse to present themselves for examination in July. In the interests both of the College and the students it is to be hoped that it will be found possible to come to an agreement so as to end the strike at once.

Sydney.

INFECTIOUS DISEASES AMONG SCHOOL CHILDREN.

IN the annual report of the medical branch of the Education Department reference is made to the occurrence of infectious diseases among school children. Outbreaks of ophthalmia occurred in some schools, in one case 18 out of 54 children were affected. The history of these outbreaks shows that the cases became more numerous as flies became more prevalent. Of the total number of children in all the schools, 8.1 per cent. were affected by some infectious disease which necessitated compulsory absence from school. The most common of these diseases was whooping-cough, then follow chicken-pox, measles, and diphtheria. In addition to children actually suffering from infectious diseases, 3.3 per cent. were excluded because they were contacts. Dr. Willis, the Chief Medical Officer of the Department, remarks that interference with school attendance by infectious diseases is much greater than it should be. He attributes this state of things largely to the lax way in which some local councils notify cases of statutory infectious diseases, leading to delay by the teachers in dealing with cases. On the other hand, teachers have frequently excluded children unnecessarily. Last year, out of 94,198 children examined by the school medical officers, 33,109, or 35 per cent., had been successfully vaccinated. The proportion of children vaccinated decreases rapidly from the metropolitan area to the back country. Dr. Willis refers in this report to the fact that the treatment of school children by the medical officers of the Education Department has been criticized by the medical profession on the ground that it interferes with private practice. He considers this position untenable, as the children treated by the Department are those found to be physically defective at a school medical inspection, and most of them would not have obtained treatment except as a result of medical inspection, since the defect would not have been known to the parent. If this were not so, school medical inspection would not be necessary. Again, if free treatment were offered in all cases, a proportion would still prefer to go to a private practitioner, and this proportion would be equal to, or even greater than, the number that would have

obtained treatment irrespective of medical inspection. Dr. Willis thus considers the question more a national than an individual one.

ALCOHOL IN HOSPITAL.

At the annual meeting of the subscribers to the Royal Prince Alfred Hospital, Sydney, Sir Thomas Anderson Stuart, the Chairman of Directors, referred to the fact that during the past year only £49 2s. 6d. had been spent on alcoholic stimulants for its 7,237 in-patients. This works out at just over 1½d. per patient. In the year 1884 the expenditure was 7s. 9d. per patient; in 1894, 1s. 4d.; in 1904, 7d. per patient. Sir Thomas reminded his hearers that the conviction had been growing that alcohol was not the valuable medicine it had once been considered to be. There were forty medical men on the hospital staff entitled to prescribe alcohol if they thought it necessary to do so, and it was therefore clear that the small consumption of alcohol was not due to any fads or opinions of certain members of the staff, but must be regarded as the outcome of the practice of medical men generally.

Correspondence.

POISONOUS GASES.

SIR,—I beg to offer the following suggestions in regard to the treatment of "gassed" soldiers.

As I understand, the essential effect of the poisonous gas employed by the enemy is to produce an acute bronchitis, with swelling of the bronchial mucosa and effusion into the tubes and consequent dyspnoea. Manifestly the object of treatment should be (1) to facilitate respiratory interchange in the vesicles, and (2) to diminish the need for such interchange.

1. In order to promote the respiratory interchange, we should seek (a) to augment the tidal flow of air by removing the bronchial block and by facilitating the action of the respiratory bellows, and (b) to favour the pulmonary circulation.

(a) The patient should be placed in a chair with a movable back and allowed to assume a position which permits the respiratory bellows to work at the best advantage. The whole of the body below the neck should be enclosed in a portable vapour bath, and while the vapour is playing upon his skin the patient should inhale air rendered cool by means of a respirator furnished with crushed ice (after the plan suggested by Dr. Francis Hare for the treatment of spasmodic asthma), or we might attempt to produce shrinkage of the swollen bronchial mucosa by spraying the air to be inhaled with adrenalin. The patient should remain in the open air during the whole of the acute stage.

(b) With marked cyanosis the right heart is bound to be dilated and engorged. In such cases I should anticipate considerable relief from judicious recourse to venesection. Help might be got from cardiac stimulants.

2. There are three ways of diminishing the production of CO₂ and the need for O: By keeping the body warm, by reducing the expenditure of muscular energy, and by limiting the ingestion of food. Accordingly the body should be clothed in some light warm material, allowing free movements of the thorax; the trunk and the head should be supported from without (not by the patient's muscular efforts). Lastly, and most important of all, food should be withheld entirely. On no account should the smallest particle be given while dyspnoea is acute, for every particle which is absorbed increases the air hunger. On the other hand, there is no reason why the patient should not drink as much water as he likes.—I am, etc.,

London, W., June 13th.

HARRY CAMPBELL.

SIR,—As other correspondents are writing about poisonous gases, with suggestions of varying practical moment, I send you a further instalment in the form of a letter, dated June 12th, to Mr. Henry Brunner from his eldest son, chemist and electrician at the Northwich works. This only reached me this morning, and I have selected part of it dealing with personal experiences which may be termed "clinical," while I have omitted chemical