man's services in such a manner that it would be possible to require a medical man to pay a visit, vaccinate under definite regulations and restrictions, subsequently visit again and pay further visits if necessary for the sum of half a crown! To the credit of many Boards of Guardians this had not been adopted as reasonable remuneration. In many cases it was not the cab fare for one single journey. Regarding the defence of vaccination Dr. Drury suggested that the Association should record its hearty thanks to Mr. Arnold Lupton, M.P., for the splendid manner in which he had served their cause in the House of Commons. Shrieks of laughter greeted his solemn attempts to foist upon the House his absurd arguments, the latest of which was that since the passing of the Act of 1898 there had been an increase of 5,000 deaths from cancer. Mr. Lupton amused the House by attributing this increase to the substitution of glycerinated for humanized lymph! That was a type of the antivaccinator's arguments.

Dr. Napper (Cranleigh) and Dr. J. C. Bradshaw (Liverpool) responded to this toast in speeches characterized by a vein of considerable humour.

The toast of "The Visitors" was proposed in suitable terms by Dr. A. T. Bacon, the President of the West Riding of Yorkshire Branch, and was coupled with the names of Mr. A. Willey, Chairman of the Leeds Board of Guardians; Dr. Kaye, Medical Officer of Health for the West Riding of Yorkshire; Dr. Cowburn, Medical Officer of the Temple; and Dr. Wardrop Griffith, Professor of Anatomy, Leeds University.

Mr. Arthur Willey (Chairman of the Leeds Board of Guardians), replying for "The Visitors," made a stirring speech on the importance of unity in the medical profession. He assumed that vaccination was a national necessity. In all such questions they had the faddist and the crank, who for the mere purpose of self-advertisement would be in opposition. The present constitution of the Local Government Board, really a unit, was not satisfactory. He believed the medical profession would outlive the sentimental feeling of cheapness. There ought to have been something better in the shape of unity in the profession on this question of fees. In Leeds the guardians called before them the public vaccinators. They had a circular which appeared to be most reasonable in its terms and true in its propositions. Apart from that he felt that behind them there was not the solidarity of the profession as a whole to back up the recommendations of the Association or to back up the feelings which he himself had on this question of remuneration. There was really nothing to have prevented the medical profession, if properly united, from saying, "We will not undertake your duties at all unless you are prepared to pay us a reasonable fee." He believed if the question were explained to the whole of the ratepayers of this country they would condemn this policy of cheapness.

Dr. Kaye, in responding, alluded to the close relationship of the work of public vaccinators to preventive medicine generally, as represented by the public health departments, and expressed his conviction that sooner or later the local machinery of vaccination must be placed under the control of the sanitary authorities. Dr. Cowburn and Professor Wardrop Griffith also responded in felicitous terms.

Dr. Ferguson, of Burnley, proposed the toast of "The British Medical Association," and expressed the satisfaction with which many like himself had observed the recent activity of the Association for the good of the profession.

Mr. J. Smith Whitaker, the Medical Secretary of the Association, in responding to the toast, dwelt on the cordial co-operation that had recently been found possible between the Association of Public Vaccinators and the British Medical Association, and upon the part played by the British Medical Association in respect of such matters. The remarks of the President as to the dual functions of the Public Vaccinators' Association applied equally, *mutatis mutandis*, to the British Medical Association. It was beginning to be more and more realized within the profession that the maintenance of an adequate standard of remuneration and of other conditions of medical employment was a legitimate function of an association such as the British Medical Association; and while there still appeared to be some differences of opinion on that point within the ranks of the profession, in his experience he had found no doubt on the matter among representatives of the general community, who fully recognized the propriety of such work. It was also the duty of the Association, on behalf of the profession, to act frequently as a kind of expert adviser of the community on questions of hygiene and the like. It was of the first importance that in all their action they should keep these two functions properly distinct, and let no confusion arise in their minds or in the minds of the public as to the capacity in which they were acting on any particular occasion. They had the right to represent to the community, for example, that the profession was firmly convinced that vaccination was necessary for the public protection. They also had the right, if medical practitioners were employed by the State for the purposes of vaccination, to demand that they should be adequately remunerated and placed in other respects under proper conditions. It was to the public interest that this should be done. But they had no right to demand, and the British Medical Association had most carefully abstained from demanding, that any work such as vaccination should be undertaken for the sake of giving employment to medical practitioners. It was important that public vaccinators and members of the British Medical Association present should clearly understand the nature of the support which it was within the power of the British Medical Association to render. In a question of employment by local authorities, such as vaccination, the most effective support would usually be given by local action, and the only difficulty in the way of giving such support at present was the still incomplete state of the local organization of the profession through the Association. For instance, in Leeds, for reasons into which it was unnecessary to enter, the Division had hitherto been very inactive and had received very little support from the local practitioners. The consequence was the state of affairs described by Mr. Willey—namely, that when an important question affecting the employment of a section of the profession was before the guardians, the Division remained inactive, and, so far as he could ascertain, the local public vaccinators had not thought of applying to the Division for support. They must realize, however, that that was purely a local weakness. Instances were given of action that had been taken in other places, such as Halifax and Southend, where success had been achieved through the efforts of a strong and active Division representing the united local profession. The machinery was all there; it rested with the local practitioners themselves in each district to say whether it should be put into active working order and fully employed.

The remaining toasts were that of "The President," proposed by Dr. A. E. Cope, and "The Officers," proposed by Dr. Bateson (Bradford), and responded to by the Secretary (Mr. Greenwood), both being received with the greatest cordiality.

The programme of speeches was lightened by songs admirably rendered by Mrs. Drury and Mr. John Needham.

DR. KERR ON THE MEDICAL INSPECTION OF SECONDARY SCHOOLS AND TRAINING COLLEGES.

In his Report for the year ended March 31st, 1907, the Medical Officer to the London Education Committee reports upon the results of medical inspection of secondary schools and training colleges, it having been resolved in April, 1906, that arrangements should be made for periodical medical examination of pupils in the Council's secondary schools. Dr. Kerr writes:

The medical superintendence of the schools, hygiene of buildings, and general matters is done by the permanent office staff. As the majority of the pupils are girls in their teens, the individual handling of these girls is done by medical women, except in special cases where they desire further consultation. Each pupil is separately examined on entering the school, and a regular medical report form filled up. This is kept at the school in a "Doctor's Book," but it will be preferable later to have a card system. It adds considerably to the working capacity of the pupils, especially in the case of girls, and prevents illness, if they can have access to lay any matters which they desire before the medical officer. A regular consultion day is there-

TABLE I.—*Boys and Men in Secondary Schools and Training Colleges.*

Name of Secondary School or College.	No. of Visits to School.	No. on Roll.	No. Examined.	Two or More Defective Teeth.	Defects of Vision.			Throat or Nose.	Hearing.	Discharging Ears.	Heart.	Lungs.	Anaemia.	Physique.	Clothing.	Nutrition.	Want of Cleanliness.	Speech.
					Suitable Glasses.	Unsuitable Glasses.	Signs of Eye Strain.											
Paddington Technical	6	63	61	33	1	2	13	9	1	—	4	1	4	3	1	—	—	5
Hackney Downs (late Grocers)	8	426	73	50	7	4	11	12	8	4	5	3	3	1	1	2	1	8
Total	14	489	134	83	8	6	24	21	9	4	9	4	7	4	2	2	1	13
Day Training College	16	121	91	33	24	12	6	3	1	—	10	—	—	—	—	—	—	—

TABLE II.—*Girls in Secondary Schools and Training Colleges.*

Ages last birthday	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	31	
Number examined	4	5	1	66	137	98	23	46	17	9	33	33	56	44	22	6	2	1	604
Curvature of spine	1	2	—	14	47	27	3	11	2	1	4	4	8	5	6	1	1	1	138
Anaemia	1	—	—	7	21	12	2	6	1	1	1	1	2	2	4	1	1	—	62
Serious defect of vision ...	—	—	—	2	4	—	—	1	—	—	—	1	—	2	—	—	—	—	8
Heart trouble	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	3
Deafness, etc.	—	—	—	1	3	2	—	—	—	—	—	—	—	—	—	—	—	—	6
Throat troubles	—	—	—	3	2	2	—	—	—	—	—	—	—	—	—	—	—	—	7

TABLE III.—*Girls.*

Name of School or College.	No. on Roll.	Visits Paid.	Number Completely Examined.	Defect requiring Improvement in—									
				Backs.	Eyes.	Throats.	Hearts.	Ears.	Glands.	Teeth.	Lungs.	Lack of Cleanliness.	General Physique.
Secondary schools—													
Eltham	67	5	46	24	8	1	—	2	2	16	—	—	9
Fulham	225	12	135	51	22	18	1	8	3	32	—	8	9
Hackney	190	10	112	68	15	45	3	3	8	54	(?) 1	30	17
Kentish Town	237	10	100	47	20	25	7	1	—	39	—	4	14
Kingsland	185	7	64	51	18	26	7	2	2	24	(?) 1	15	21
Manor Mount	100	4	29	17	4	2	2	1	1	8	—	—	12
Paddington	133	5	76	16	10	9	3	—	1	22	—	4	2
Peckham	223	12	83	34	18	4	—	6	4	23	—	10	8
Stockwell	228	7	87	40	10	7	2	9	6	10	—	5	7
Southwark	116	11	82	33	25	21	5	2	1	38	—	17	14
Sydenham	118	7	63	47	15	6	1	4	3	22	—	1	14
Total	1,932	90	837	428	175	144	31	38	31	313	(?) 2	104	132
Percentages	—	—	—	50	20.9	17	3.7	4.5	3.7	37.4	—	12.4	15
Training Colleges—													
Avery Hill	159	9	63	21	18	1	4	2	—	16	—	—	13
Graystoke Place	147	14	98	38	26	1	3	2	—	35	—	1	23
Southampton Street													
(*a*) 2 year	180	28	141	27	36	6	6	—	1	70	1	1	7
(*b*) 3 year	80	—	75	21	24	10	3	1	—	42	1	—	6
Total	566	51	377	107	104	18	16	5	1	163	2	2	49
Percentage	—	—	—	28.4	27.6	4.7	4	1.3	—	43.2	—	—	13

fore arranged about once in six weeks, when any pupil may see the doctor in regard to any trouble affecting their work, such as headaches, neuralgia, sore-throat, sleeplessness, or over-fatigue, which would otherwise generally be allowed to run on unrelieved. The parents were present in many cases, and appreciated the doctor's examination of their children. Head teachers are quite unanimous in regard to the fundamental importance of this work in these schools where the physical condition of the children is considerably below the type of high-school girl, to which most of them have been accustomed. They feel the great help of medical examinations. They have altered time tables, arranged special classes, and made individual arrangements to suit particular pupils according to the doctor's advice.

Pupil teachers have to be certified for the Board of Education, and they must be passed only if it can reasonably be ex-

pected that they will eventually qualify as teachers in accord with the teachers' superannuation rules, which last urgently require overhauling and exactly defining. The Council has eight pupil teacher centres with 1,700 students and the system of medical supervision for secondary schools is also applied to these centres.

For Training College students the Board of Education requires an entrance certificate of fitness and at the beginning of each year of study a certificate that the student is in such health as to be able to continue the course of study. But quite apart from these legal requirements, the experience already gained has demonstrated the value of medical superintendence.

Males.

Dr. Brincker examined the boys at the Paddington Technical School and some of those at Hackney Downs Secondary School. He found the schools quite sanitary, and the general physique of the boys much better than those of boys in elementary schools. Dr. Brincker made the following notes concerning these boys:

Vision.—28 per cent. were defective, 10 per cent. already had glasses, but in nearly half these appeared unsuitable. The other boys had never had glasses. Many apart from failing to pass vision tests, showed signs of eyestrain, for example, headaches, conjunctivitis, blinking or smarting of the eyes, or swollen eyelids.

Hearing.—One or both ears were found defective in 7 per cent. boys and in nearly half of these there was aural discharge present.

Cardiac and Pulmonary Signs.—Heart symptoms were present in nine boys (7 per cent.), three of these having a rheumatic history, and four others showing rapid pulse and cardiac dilatation with hypertrophy of muscle, associated with irregular and rapid growth. Chronic bronchitis was present in 3 cases, and 1 case was apparently old and arrested phthisis without active symptoms.

At the Day Training College at Offord Road, where the students are picked men without defects of a serious nature, a general ignorance of how to expand the thorax by deep inspiration was observed in making measurements of the basal girth of the chest.

The dental conditions which exist in the secondary schools and training colleges are no better than those found in elementary schools. Of the 134 boys examined at Paddington Technical School and at Hackney Downs, 62 per cent. had two or more decaying teeth. In many cases there were spongy gums, and in two there were suppurating conditions (pyorrhoea alveolaris). Among the men students at Offord Road neglect of the mouth was general, and several cases had suppurating conditions, the foulness in some being almost as offensive as ozaena.

Table I shows the results of the examination of boys and men in these schools.

Females.

Since September, 1906, Dr. Annie Gowdey and Miss Campbell have examined and made detailed reports on 1,350 girls in the secondary schools and training colleges. Although the children were specially prepared for medical examination, in the secondary schools 12 per cent. showed lack of cleanliness either of skin or hair, or both, quite apart from any neglect of teeth. About 15 per cent. were below the average nutrition, and 24 per cent anaemic. Headaches were complained of by 20.5 per cent., and in many cases without obvious cause, but in others anaemia, defective vision, stomach troubles, and reading late at night were noted. Exaggerated movements, corrugated foreheads, insomnia, and somnambulism were met with. Several cases of overstrain were reported. Similar conditions were noted in training colleges, although the standard of personal cleanliness was much higher.

In the secondary schools and training colleges Miss Campbell found that out of 604 scholars examined, 138 showed definite lateral curvature (Table II). Definite osseous deformity which did not admit of correction was presented by 7 of these girls. Their ages were about 12, 13, 15, 20, and 22. In all the other cases the deformity could be made to disappear by placing the patient in particular attitudes of body and limbs. In the majority one shoulder was higher than the other; in half the cases this was the right. The angles of the scapulae were prominent, and there was a double curve, the waist being higher on one side. In a few cases the whole spine was convex laterally. The girls were mostly drawn from the elementary schools, and their average standard of physique was not high. As they had all been examined medically previously many defects had already been remedied. Of the 138 girls with spinal curvature, 10 were above, 91 were average, and 37 were below the average physique. Anaemia was present in 50 per cent. of the cases and very pronounced in some, of whom 8 (6 per cent.) showed decided listlessness and want of energy. Seriously defective vision was noted in 8, and deafness or discharge from the ears in 6, enlarged tonsils and adenoids being present in 7. As regards corsets, the ordinary corsets were worn by 47, rational stays with few or no bones by 75, while 16 wore none. The chest development was poor in nearly all these girls.

With regard to general physique, this varied considerably in the colleges. The highest standard was observed in the two-year department at Offord Road, where the students are drawn from the country, and are either not attempting a university degree or have failed to satisfy the requirements of more advanced colleges elsewhere. At Avery Hill and Graystoke Place, where the academic aims are more ambitious, the average physique was much lower in comparison.

The most striking fact brought out by the medical inspection seems to be ignorance of the ordinary elementary rules of health. With these girls a course of hygiene should take a leading and prominent position in the school. The overloaded literary and academic nature of the curriculum will no doubt ere long be remedied, and more rational studies substituted.

The average standard of physique is low (see Table III). Cleanliness of the teeth, hands, nails, skin, and hair much neglected.

LITERARY NOTES.

It was stated in this column of the British Medical Journal of October 26th that there is a probability of the *Index Medicus* being discontinued, and that in view of this contingency it has been suggested that the card system of the Concilium Bibliographicum might be extended so as to cover the ground of medical literature. Reference was made to the fact that a similar plan was tried in Paris some time ago, but did not find adequate support. Dr. Marcel Baudoin writes to point out that during the period of occultation of the *Index Medicus*, which lasted from 1900 to 1903, its place was supplied by the *Bibliographia Medica*, published in Paris under the auspices of the Institut de Bibliographie, of which our correspondent was the directing spirit. On the reappearance of the *Index Medicus*, the *Bibliographia Medica*, finding its occupation gone, joined the snows of yesteryear. In 1906 it was followed by the Institut de Bibliographie, which, as Dr. Baudoin reminds us, was the first effort in that direction. The failure of two such meritorious enterprises is not encouraging to further adventures of the same kind. Yet the value of a general index to current medical literature is beyond question, and the need of such a guide through a labyrinth ever growing in vastness and in complexity must necessarily make itself felt more and more by workers who wish to follow the course of medical thought, and are not content to take their references at second-hand.

In the introductory address recently delivered at the London School of Tropical Medicine by Sir Lauder Brunton, of which we have received a reprint, he mentions an interesting suggestion made by Mr. Hankin that the story of the Pied Piper of Hamelin is a legendary account of an epidemic of plague. The Pied Piper came from abroad, and at his first visit killed off the rats in Hamelin; not having received his promised fee, he came back and killed off all the children. It has long been observed that great mortality among rats is apt to precede outbreaks of plague. The virulence of the disease is capable of great variations. At first it seems too feeble to attack man, but it can attack small animals such as rats. By passing successively through numerous rats it becomes more and more virulent; it attacks man. Major Leonard Rogers told Sir Lauder Brunton that in the Kamoan Hills, in India, a form of plague is more or less indigenous, but that the natives, as soon as the rats begin to die, desert the villages and keep away for months. In Bombay and in Hong Kong the plan now adopted is to treat any house in which a dead rat is found as "plague-infected," and to evacuate it and disinfect it with crude petroleum. Sir Lauder Brunton points out that though in