correspondent understood that where a committee of a county council has independent authority a member of the former, if not on the latter committee, might accept payment for services rendered.

\*\*\* Our correspondent had better consult his solicitor. We can only say that, although when a county council nominates an entirely independent authority, over which it has no control, our correspondent's contention would no doubt be correct, it is by no means clear that this education committee is an independent authority. The mere fact that some of the statutory powers of the council have been conferred on it does not make it so. It is therefore doubtful whether the acceptance of payment under the circumstances narrated is free from risk, taking into consideration the Local Government Act, 1888, and Section 75 of the same; and also Section 12, Municipal Corporations Act, 1882, together with Section 41 of the same Act, which lays down a fine of £50 for acting as a councillor after having become disqualified. In Nell v. Longbottom (I Q. B., 767, 1894) a member of a corporation was disqualified from exercising his public functions on account of having sold to his council oil to the value of 4d. If our correspondent wishes to remain a member of his county council he may be advised to return the guinea, since otherwise when he next exercises his functions as county councillor he may incur a serious liability.

## WORKMEN'S COMPENSATION ACT.

Reports by Employer's Doctor.

C. F. W.—We are of opinion that it is not advisable for the medical i.F. W.—We are or opinion that it is not advisable for the medical man called in by the employers to make suggestions to employers with regard to treatment without communicating with the medical practitioner in charge of a case. In the case placed before us it would be advisable for the employer to endeavour to arrange a consultation between the medical inspector and the practitioner; a line of treatment could then be discussed.

## 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, except when so stated.

H. D. asks whether there is any objection to having a consulting-room in a town eleven miles away, where he would attend one day a week; and further, whether he might put on the brass plate the day of attendance.

\*\* There are precedents for practitioners in certain specialities possessing consulting-rooms in two places; but there are obvious inconveniencies in carrying on general practice in two places so far apart. It seems to us undesirable, and we do not approve that the door-plate should contain more than the practitioner's name.

RIGHT TO STATISTICS.

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STATISTICS.—We are afraid any institution would claim the right to publish its own statistics, and that no paid medical officer has a legal or even a moral right to prevent such publication; but the reason given against immediate publication appears to have some force, and if brought properly before the authorities should receive due consideration.

SUPERSESSION.

SUPERSESSION.

H. L. writes: A. is referee for an insurance company in a large district. The company ask B., another practitioner in the same district, to become an additional referee, and B. consents, knowing that most if not all of the work will be diverted from A. to B. Is B. acting unprofessionally in accepting the appointment, and if so, what must be done in regard to those cases he has already examined and been paid for?

\*\*\* There would seem to be no ethical objection to B. accepting the appointment. Such transfers constantly take

place.

INSURABLE INTEREST.

Tripos —A creditor has unquestionably a legal as well as a moral right to insure the life of a debtor whose income stops

## The Services.

HEALTH OF THE NAVY.\*

THE Statistical Report of the Health of the Navy for the Year 1909 was issued on November 15th, 1910. Attention is called to the fact that owing to the reorganization of the Fieet in March, 1909, the Channel Fleet was absorbed into and became part of the Home Fleet. The returns from the Channel Fleet for the period prior to this reorganization have therefore been included in those from the Home Fleet.

Summary of Returns for Total Force.

The returns for the total force for the year 1909 show a continuous improvement in the general health of the Fleet as compared with the preceding five years. Not only are the case, invaliding, and death ratios for the year under review lower than the average ratios for the last five years, but the average loss of service for each person has further dropped from 10.8 to 9.76 days. The final invaliding ratio also shows a small 10.8 to 9.76 days. The final invaliding ratio also shows a small decrease in comparison with the previous five years' average. The total force, corrected for time, in the year 1909, was 112,700, and the total number of cases of disease and injury entered on the sick list was 72,540, which gives a ratio of 643.65 per 1,000, a decrease of 75.34 as compared with the average ratio for the preceding five years. The number of entries per man for disease and injury was: Home Station, 0.76; Home Fleet, 0.56; Atlantic Fleet, 0.62; Mediterranean, 0.61; North America and West Indies with Fourth Cruiser Squadron, 0.71; China, 0.71; East Indies, 0.95; Australia, 0.61; Cape of Good Hope, 0.56; and the Irregular List, 0.85. For the total force the average was 0.64, a decrease of 0.65 as compared with 1908. The average number of men sick daily was 3.015.25, giving a ratio of 26.75 per 1,000—a decrease of 2.84 in comparison with the previous five years. The total number of days' sickness on board and in hospital was 1,100,568, which represents an average loss of service of The total number of days' sickness on board and in hospital was 1,100,568, which represents an average loss of service of 9.76 days for each person, a decrease of 1.04 in comparison with the average for the preceding five years. The ratio per 1,000 of men sick daily on the various stations was: Home Station, 35.42; Home Fleet, 23.19; Atlantic Fleet, 24.01; Mediterracean, 23.83; North America and West Indies and Fourth Cruiser Squadron, 25.42; China, 28.09; East Indies, 25.78; Australia, 20.41; Cape of Good Hope, 20.14; and the Irregular List, 45.76. For the total force the ratio was 26.75. As was the case in the preceding four years, the Cape of Good Hope shows the lowest, and the Irregular List the highest, sick rate.

Invalidings.

The total number invalided was 2,007,† which gives a ratio per 1,000 of 17.8, a decrease of 4.3 per 1,000 in comparison with the average ratio for the preceding five years. The total number of persons finally invalided was 1,764, of whom 66 were invalided after refusing operative treatment. The ratio per 1,000 of final invalidings was 15.65, a decrease of 0.86 per 1,000 as compared with the average for the previous five years. Of the 2,007 invalids, 1,851, giving a ratio of 16.42 per 1,000, were for disease, and 156, a ratio of 1.38 per 1,000, were for injury. In comparison with the average ratios of the previous five years, the ratio per 1,000 of force invalided has decreased in the Mediterranean from 31.49 to 17.64; in China, from 22.63 to 17.43; in the East Indies, from 34.37 to 25.53; in Australia, from 18.41 to 9.79; Cape of Good Hope, from 22.14 to 14.15; Atlantic Fleet, from 23.86 (four years' average) to 16.29; North America and West Indies, with Fourth Cruiser Squadron, from 18.51 (four years' average) to 16.04; in the Home Fleet, as compared with an average of the Home and Channel Fleets for 1908, from 15.86 to 14.15; and on the Home Station, as compared with 1908, from 27.93 to 26.42. Only in the Irregular List has there been a fractional increase, namely, from 16.81 to 16.85.

Deaths.

The total number of deaths was 362, giving a ratio of 3.21 per 1,000, a decrease of 0.54 in comparison with the average ratio for the last five years. Of this number, 258, or 2.28 per 1,000, were due to disease, and 104, giving a ratio of 0.92 per 1,000, to injury. In comparison with the death ratios of the preceding five years, the ratio per 1,000 decreased from 3.94 to 2 01 in the Mediterranean; from 4.02 to nil at the Cape of Good Hope; from 4.02 to 1.12 in the Irregular List; from 3.02 (four years' average) to 2.32 in the Atlantic Fleet; from 3.1 (four years' average) to 2.46 in the North America and West Indies with Fourth Cruiser Squadron; and from 4.05 (average of the Home and Channel Fleets for 1908) to 2.73 in the Home Fleet. There were increases in four stations—namely, in China, the There were increases in four stations—namely, in China, the East Indies, and Australia—from five years' averages of 4.15, 783, and 4.19 respectively to 4.78, 9.04, and 6.52, and on the Home Station, where the ratio was 4.11 as compared with 3.04

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