

principal towns of the United States showed a higher death-ratio among female school teachers (396 per 1,000 deaths) than in any other occupation except printers and pressmen (398). For the whole of the United States in 1900 the ratio of deaths from consumption in 1,000 deaths was for all females in all occupations 215, for female teachers 256. Professor Oldright attributed this excessive mortality to excessive vitiation of school air from respiration and defective ventilation, to the lamentably small cubic space and low rate of change of air, and also, perhaps, to chalk dust.

Dr. H. C. LUCKY (Resident Medical Officer, Borough Sanatorium), and Dr. W. CLAUDE HORTON (Resident Medical Officer, Children's Hospital, Brighton), contributed a note on revealed tuberculosis in children. Out of 806 children—591 in an elementary school, 74 in work-house and infirmary, and 241 in the parochial industrial school—no evidence of tuberculosis was obtained in 571. Three cases had phthisis, 40 other lung signs, 7 tuberculous glands, 6 probably tuberculous, and 169 enlarged; 7 had bone or joint tubercle, and 3 tuberculous; 3 skin disorders. These results were compared with English and Scottish examinations and confirmatory evidence adduced to show that there was very little revealed tuberculosis in elementary schools.

Dr. LOUIS GOURICHON (ex-President of the Society of Medical Inspectors of Schools, Paris) said that the most potent causes of tuberculosis among teachers in the elementary schools of Paris and the Department of the Seine were (1) contact with cases of tuberculosis, (2) the unhealthiness and infection of school buildings and of the teachers' lodging and overwork. Tuberculosis was, however, rare among elementary school teachers, and could be traced to conditions outside the school. A health register of teachers ought to be kept, and the schools ought to be subjected to regular and careful medical inspection.

Dr. C. C. JESSEN, Physician to the Public Schools, President of the Society of Physicians, Copenhagen, said that the new Tuberculosis Act in Denmark was of the highest importance as a prophylactic measure. In the Nineties, although diminishing, yet tuberculosis caused 14 per cent. and actual phthisis 10 per cent. of the Danish mortality. There was in his opinion no great danger of child-to-child infection, but teacher-to-child infection might be serious. The tuberculous mortality of insured teachers was double that of the insured general population. Each teacher must at every opportunity be certified free from tubercle of lungs and larynx. Each teacher dismissed for tuberculous disease was entitled to a pension equal to two-thirds of the pay. For tuberculous children separate education was provided—one-fourth at the cost of the parish and three-fourths at that of the State.

To a general meeting for the discussion of the school in relation to tuberculosis, Dr. NEWSHOLME (Brighton) contributed a paper, in the course of which, after quoting statistics from Brighton, Dundee, Edinburgh, Dunfermline, Aberdeen, and Blackburn, he put forward the estimate that not more than 1 in 300 children in schools showed revealed or diagnosable tuberculosis. He did not believe that these children were an important source of infection, but thought that teachers and caretakers might be. Pulmonary tuberculosis was somewhat more prevalent among school teachers than in the general community, and, judging from his own experience, he believed that it was more often laryngeal than in the average of consumptives. Notwithstanding the small amount of revealed tuberculosis among school children, such children if they died of other disease, showed in very high percentage evidence of tuberculosis, especially in the bronchial glands. Naegeli, at Zurich, found at autopsies of children aged 1 to 5 years, 17 per cent., and aged 5 to 14 years, 33 per cent., had tuberculous lesions. Since the figures showed a heavy incidence before as well as during school life, he believed that the true interpretation was that tuberculous infection in children was nearly all domestic and not scholastic in origin. He thought that the following were the principle measures needed for the prevention of tuberculosis, and that the school might be made a most important centre for their promotion.

1. The medical examination of all children on admission to school and periodically afterwards, supplemented, as it must be to attain its full value, by information systematically

acquired in regard to the health conditions of their homes and all living in them.

2. The exclusion of children found to have open or revealed tuberculosis.

3. Special care as to the feeding and general hygiene of children from tuberculous families, including avoidance of fatigue.

4. The frequent wet cleansing of schools.

5. The reduction of overcrowding.

6. The improvement of arrangements for the ventilation and warming of schools.

7. Careful attention to the personal hygiene of all scholars, especially in relation to the removal of adenoids and of carious teeth.

8. The periodical examination of caretakers and teachers, and the avoidance of excessive strain on the voice of the latter or overfatigue in general.

Dr. PASCHEFF (delegate of the Bulgarian Government) said that in that country measures to exclude tuberculosis from the schools had been adopted and were very thoroughly carried out, especially in the secondary schools. The most important was the institution of a system of school doctors, organized in 1903, which had proved very efficient. The school doctors examined the pupils regularly and notified the existence of all infectious diseases, including tuberculosis, to both teacher and pupil, and gave advice as to the precautions to be taken. Another measure taken for the prevention of tuberculosis was the organization of summer colonies, mainly with the object of strengthening weak and delicate pupils, and thus diminishing any existing predisposition to tuberculosis. Special buildings had been erected by a benevolent society of ladies for this purpose. Further, the Bulgarian sanitary department had established two sanatoriums for scrofulous and tuberculous children on the Black Sea, one at Varna and the other at Burgas. A sanatorium for tuberculous adults existed at Trojan, and a fund had been formed to build a special sanatorium for tuberculous teachers.

A CORRECTION.

In the report of Mr. N. Bishop Harman's paper on the classification of children in blind schools (BRITISH MEDICAL JOURNAL, August 17th, p. 400, col. 2) there is an error which should be corrected. It was inadvertently stated that Mr. Harman had spoken of "the great decline in the proportion of the blind in which the blindness was due to the purulent ophthalmia of infancy." Unfortunately, there is no great decline in this blindness; these cases still form more than one-third of all the blind in London County Council schools. The decline has taken place in the total number of cases in which blindness is due to purulent inflammations in the later years of life.

MEDICAL NEWS.

WE are glad to learn that the accident to Dr. Nicolson, C.B., Lord Chancellor's Visitor in Lunacy, was not so serious as has been represented. He was driving in a hansom to make an official visit to the Hull City Asylum on August 17th, when the horse bolted and threw the driver. Dr. Nicolson jumped out, but, falling to the ground, sustained a downward dislocation of the left shoulder. This was successfully reduced by Dr. Close, and the patient, who sustained no other injuries, is making a satisfactory recovery.

THE following are the names of the three medical men who have accepted appointments to the medical staff of the Coventry Dispensary: Jno. Inman Langley, M.R.C.S., L.R.C.P., M.D.Brux., Alfred Pytches Blanchard Ellis, L.S.A., Andrew St. Lawrence Burke, L.R.C.P.Ire., L.R.C.S.Ire. The following, who were previously members of the staff of the dispensary, have retained their appointments: Denis Ignatius McVeagh, M.R.C.P.Ire., L.F.P.S.Glae., John Alfred Loudon, M.B., C.M.Edin.

It may interest those of our members who own motors to know that a co-operative society for the supply of everything the motorist can want has been formed. It already has a large membership, and is able to offer very considerable discounts upon tyres and other expensive parts of the motorist's equipment; it also undertakes repairs, gives advice to its members as to the best articles, and has large showrooms, where novelties can be inspected. Membership involves the taking of one or more £1 shares and payment of an annual subscription of 10s.; and as no member can hold more than £200 shares, the co-operative nature of the Association is fully secured. The address of the Society is the Automobile Co-operative Association, 1A, Albermarle Street, Piccadilly.