

will be less galling than a hard-and-fast bond of enforced services.—I am, etc.,

Dingwall, N.B., Aug. 3rd.

WILLIAM BRUCE.

PS.—A word as to the numerous duties of the Post Office medical officer mentioned by Dr. Mason. Sanitary matters, if I may be allowed to speak as a medical officer of health, belong to the province of the local authority; and again, speaking from personal experience, for all the good that statistics yield, any well trained practitioner is surely able to furnish and complete the necessary information required.

W. B.

SIR,—In your issue of July 31st Dr. Mason "fails to see why the present system of medical appointments by the Postmaster-General is radically bad."

He must be well enough aware that the position in most cases is gained through political influence, irrespective of the qualification of the different candidates, or without considering the wishes of the Post Office employees to be served.

The employees are placed on a lower level than the penny a week club patients, who can retire without losing their occupation, whilst the poor Post Office official by retiring loses his means of livelihood. The present system is indefensible.—I am, etc.,

August 2nd.

OBSERVER.

SIR,—May I add to the voices raised over the Postmaster-General and the medical profession one more?

Recently a medical man got the Post Office appointment here, where there are other medical men, who had attended as chance had it up to that time the Post Office officials. I suppose others like myself find that they are in process of losing patients through this change which we are forced by taxation to pay our share of. The only solution of this is Dr. Bruce's, and the letters of the President and Secretary of the Principal Medical Officers' Association are beside the mark and selfish.—I am, etc.,

July 31st.

SOCIALIST.

THE DRINKING CHILD.

SIR,—In your review of *Die kindliche Psyche und der Genuss geistiger Getränke*, by Leopold Lang (BRITISH MEDICAL JOURNAL, February 6th, 1909), you said:

To what extent juvenile drinking obtains in our country we do not know. Accurate information on this point would be valuable, particularly if at the same time the educational results could be obtained and compared from this point of view. We imagine, however, that in this country juvenile drinking is of infrequent occurrence, and that in this matter, at least, we can say, "Let the galled jade wince, our withers are unwrung."

Dr. Imre Dóczy, the representative of the Hungarian Government at the 12th International Congress on Alcoholism, read a paper on "Alcoholism and its effects upon the child." The original paper was written in his native tongue, and was subsequently translated into German and thence into English, with the result that an unfortunate error crept in and he was made to say in the published abstract that:

As a result of statistics gathered it is found that there are hardly any schools in which there is a pupil who is a total abstainer. On the other hand, it is by means rare to find schools where there are not pupils who do not have alcohol given to them in some form by their parents.

He has requested me to ask you to correct the error, and to state that what he intended to convey was that:

Most carefully prepared statistics based upon the data obtained by the Hungarian Government as to the drinking habits of all the children—that is, about half a million children under the age of 18, in all the schools of all classes, both elementary, private, and public, show that 20 per cent. of the children are total abstainers. It is by no means rare to find schools where pupils are given alcohol daily by their parents. Among the poor Slav population this is given in the form of spirits distilled from grain, or possibly more commonly from potatoes.

The investigation was carried out in a very thorough manner, and it was found that 36 per cent. of the pupils who indulge in alcoholic drinks were careless and idle, 11 per cent. dull of comprehension, 13 per cent. incapable of prolonged attention, 10 per cent. during the first hours of the morning (from 8 to 9) gave confused answers, 18 per cent. were very backward in subjects requiring special mental effort, while only 10 per cent. showed no ill effects.

The statistics show, further, that alcohol has a marked influence on mind, character, and bodily health. In only 3 per cent. of the cases had a doctor prescribed alcohol for the child.

These facts may be taken as valuable evidence of the necessity for similar research in England. Some months ago I obtained figures from a few of the London County Council infant schools, and found that, in each, no less than 40 per cent. of the infants under 8 years of age drank alcohol more or less regularly. There appears to be no doubt that a similar state of things exists in every part of Christian Europe, except in the countries of the farthest north, and it would be interesting to find out whether the figures I obtained from schools chosen haphazard are true of the rest of the country. In one school of some 300 infants I found that 11.8 per cent. drank alcohol daily, 34.1 per cent. drank occasionally, and 54 per cent. were "band of hope," but I know of one "band of hope" child in another school who drinks alcohol daily.

The medical inspectors of school children already have power to obtain this information, and it is to be hoped that during the course of the next few years some such inquiry will be made into the drinking habits of the children in this country.—I am, etc.,

Norwood, July 28th.

F. G. MACKERETH.

THE MEDICAL TREATMENT OF SCHOOL CHILDREN.

SIR,—The attention of my committee has been drawn to the statement in the published report of the meeting of the Education Committee of the London County Council, held on July 14th, contained in the issue of the BRITISH MEDICAL JOURNAL of July 17th, p. 156, that:

The Paddington Green Children's Hospital will take 20 ophthalmic cases a week.

I am requested to inform you that this statement is incorrect, and that no such offer has been made from this hospital.—I am, etc.,

W. H. PEARCE,

Paddington Green Children's Hospital,
London, W., July 23rd.

Secretary.

HOSPITAL OUT-PATIENT DEPARTMENTS.

SIR,—The figures given in the letter under this heading (JOURNAL, July 10th, p. 109) are truly a revelation. How far the medical staffs of the hospitals, the private practitioner, and the public are to blame for such a state of affairs it is difficult to decide, but all three are guilty.

The profession has the matter in its own hand, and if every would-be hospital patient seeking charity were required to produce a certificate stating that he or she is a suitable case for charitable treatment, signed by a medical practitioner, I think abuse and misuse of charitable institutions would be greatly diminished.

There is no doubt that the profession—the medical practitioner on the one hand and the medical hospital staff on the other—ought to exercise more care in recommending and in admitting patients to charitable treatment. Charity at all times requires very careful supervision, and in no quarter is that more necessary than when doling out charitable treatment to patients.—I am, etc.,

FORMER RESIDENT HOUSE-SURGEON, HOUSE-PHYSICIAN, AND EXTERN SURGEON.

July 14th.

INSTRUCTION OF DENTAL STUDENTS IN ANAESTHETICS.

SIR,—With regard to the letter in the JOURNAL of July 17th on the instruction of dental students in anaesthetics, it is quite evident that the council of the Royal College of Surgeons of England are wholly unfamiliar with the conditions prevailing in some parts of the United Kingdom as regards anaesthetics employed for dental operations.

For instance, in Scotland CHCl_3 is still employed very often when some minor and safer anaesthetic agent would be preferable. It may be said to be in common use—in country districts, if not so much as formerly in the larger cities. Ethyl chloride is frequently given by dentists themselves, when single-handed. Surely it is not the desire of the council to perpetuate this sort of thing. It should rather be the aim of the regulations they frame as