the curriculum, failing to understand its value. It is suggested that for children under 11 years of age there should be a periodical and, if practicable, a daily lesson in health of a few minutes’ duration. It should be directed to education and habits, with illustration of, and the requirement of, clean hands, clean hair, clean teeth, until cleanliness becomes a habit. The child should become accustomed to fresh air in the classroom, be taught to breathe with mouth shut, trained to sit squarely, and to use sanitary conveniences decently. For older children the lessons might be associated with the teaching of elementary science (chemistry, physics, and biology). It should be less a school subject than an integral part of the whole life of the school. The Board of Education is publishing forthwith a special handbook of suggestions to teachers on the teaching of hygiene.

Investigation and Research.

That the school medical officers are keenly interested in the increase of medical knowledge is shown by the list of individual investigations undertaken by them. Besides, there have been collective investigations on certain subjects. There are committees at the head office for co-ordinating these particular investigations. One on enlarged tonsils and adenoids, another inquiring into defective vision, an anthropometric committee, a committee on mental deficiency, and on the physical condition of “entrants.”

In his conclusion Sir George Newman remarks that this year’s report makes the nineteenth issued since 1908. The series constitutes a sort of Domesday Book of the physical condition of the English child for that period. It is only by the careful study of the actual facts over a period of time that we can appreciate the influences and conditions which affect not only the child’s school days, but the whole life of the individual. Education, occupation, production, capacity, even character, are dependent upon physique. That is, as always, the bedrock. If the pill, ATP all else will be imperilled. We may design admirable schemes of education in literature, science, and the arts and crafts, and reform and adjust them from time to time, but if the pupil does not possess a healthy and well balanced body, unimpaired special senses, a “thinking hand,” and an alert and developing brain, we labour in vain, and our schemes may come to naught.

Correction.—There was a printer’s error in the notice of Sir George Newman’s annual report to the Board of Education published on the last page of the Journal p. 1106. In the small print under the heading “Nutrition” (column 2) he is said to be saying “Insufficient sleep, chronic fatigue, absence of fresh air, and lack of exercise are exerting a very good influence, etc.” The word “good,” so obviously incorrect, should have been “great.”

Scotland.

Dr. C. E. Douglas.

A large company from the town of Cupar and county of Fife assembled in the County Hall, Cupar, on December 6th, when a testimonial was presented to Dr. C. E. Douglas on the occasion of his retirement after fifty years of voluntary active medical practice in the town of Cupar. Provost H. J. Smith presided, and the presentation was made to Dr. Douglas by Sir Ralph Anstruther, Lord Lieutenant of the county. He said that Dr. Douglas was not only greatly esteemed as a medical man, but he had played a large part in the social life of the community. He had been a worker in the Volunteer Force and afterwards in the Territorial Army, while during the war he had set a fine example in the public service by his work in the Royal Army Medical Corps. Dr. Douglas, in reply, said that he had all his life suffered from looking younger than he really was. He considered that his fifty years of medical experience the greatest advantage had been the rise of preventive medicine. He believed that the present practice of taking children once or twice a year to be examined by a doctor was not sufficient, and every man and woman over the age of fifty should be periodically examined in a similar manner, no matter what was their state of health. In this way many ailments could be checked at an early stage. It may be recalled that Dr. Douglas graduated at Edinburgh in 1877 and afterwards took the M.D. degree of that university, the F.R.C.S.Ed. in 1886, and the D.P.H. of Cambridge in 1894. He served as a temporary surgeon with the South African Field Force, and was made Colonel in the R.A.M.C. in the great war as a lieutenant-colonel in the R.A.M.C. with the Expeditionary Force. He has been a prominent member of the British Medical Association, in which he has held many offices, including that of chairman of the Scottish Committee and a member of Council of the Association. He received the honorary degree of L.L.D. from his university last July, during the Annual Meeting at Edinburgh. In his retirement Dr. Douglas has taken up residence in St. Andrews.

Future of Scottish Hospitals.

The Government’s hospital policy and the future relations of the public authorities to voluntary hospitals were discussed on December 9th at a meeting between Sir John Gilmour, Secretary of State for Scotland, and a deputation from the Scottish voluntary hospitals. The meeting took place in the offices of the Scottish Board of Health at Edinburgh, and the discussion was introduced by Colonel J. A. Roxburgh, chairman of the Scottish Regional Committee of the British Hospitals Association and chairman of the Glasgow Western Infirmary. The deputation was representative of voluntary hospitals in Edinburgh, Glasgow, Aberdeen, Dundee, Falkirk, Stirling, Ayr, Dumfries, Inverness, Greenock, Dunfermline, and Perth. Colonel Roxburgh explained the object of the deputation, which was a desire to put six questions to the Government in regard to co-operation between public authorities and the voluntary hospitals. The hospital position in England and that in Scotland were different. In Scotland there was an estimated shortage of some 3,600 beds, and the voluntary hospitals were in favour of co-operation with the public authorities, but felt it necessary, specially in view of the proposals for Poor Law reform, to obtain a lead from the Government on the methods of co-operation likely to be adopted. The questions were as follows:

1. Is it proposed to establish a unified hospital service in Scotland?
2. If the answer is in the affirmative, would the statutory hospital service cover the whole field of medicine, and where would work in competition with the voluntary hospitals?
3. Who is to provide the necessary additional beds after the present building programme of the voluntary hospitals has been completed?
4. Will the voluntary hospitals and the public authorities work in co-operation round the voluntary hospitals as centres?
5. Is it proposed to give financial aid to the voluntary hospitals as recommended by the Mackenzie Comyn Committee?
6. Is there any need to establish a statutory general hospital service?

Sir John Gilmour, in reply, said that he was glad to have the opportunity to discuss a question of such vast importance to the future of the hospitals. He believed that the problem might be varied in different parts of the country, and it was perhaps not possible to lay down a common policy. With regard to the future of the Poor Law system, he thought it was safe to say that in any scheme it would be necessary to have larger units. He assumed that voluntary hospitals that they had no reason to apprehend that anything inimical to them would result from Government action. He and the Minister of Health agreed that the Government’s object must be to conserve the voluntary system, for the voluntary hospitals had maintained and improved their position, and Scotland especially had reason to be proud of the position of those hospitals. Taxpayers and ratepayers had enough difficulties at present without facing the burden of cost of the whole hospital services. He could not, however, commit the Government on the subject of a proposed grant, but he looked to co-operation between the public authorities and the voluntary hospitals for the future development of hospital services. He agreed with the view that the co-operative arrangements should centre round the voluntary hospitals. Some advance on co-operative lines had already been made—for example, at Stirling, Falkirk, Aberdeen, and Glasgow—as part of the solution of the increasing demand for hospital services. He thought that the Poor Law hospitals must be brought up to the standard of the voluntary hospitals. He suggested...