retrenchment in this regard, and for the very solid reason that such expenditure of College funds cannot be held to be necessary. When or how this high rate of remuneration was fixed will be known to the permanent officials of the College; but now that public attention has been drawn to it the matter should not be allowed to rest.

In conclusion, it may be observed that owing to the absence of published statements it has not been possible to obtain the detailed facts respecting the emoluments of the examiners of several important corporations. From some with whom we communicated no reply was received, while in one instance the answer was to the effect that no information respecting the payment of the examiners could be given. The object, however, of these inquiries has been to show that the Court examiners' fees at the Royal College of Surgeons, England, are higher than is necessary as such payments go out of proportion to the duties discharged, and not warranted by the present financial position of the College.

"THE COLONIAL MEDICAL SERVICE": A REJOINDER.

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THE establishing of a Colonial medical service on the army model, as proposed by Surgeon-Major Evatt in the *BRITISH MEDICAL JOURNAL*, September 26th, 1896, p. 863, is outside of the field of practical politics. Even if established, such a department would in the end be costly and inefficient.

Politically, the first step towards forming such a department would be the federation of the Colonies concerned for at least this one purpose. Is it possible or likely that a number of isolated communities scattered throughout the world, and living under every conceivable diversity of conditions, would federate for the express purpose of establishing a highly centralised department? Even if this initial difficulty were overcome, in addition to the centralisation involved in this scheme, there must of necessity be the same freedom of local action as at present exists, that is, a high degree of centralisation will go hand in hand with elaborate decentralisation. Unsuitable as this state of affairs would be in even the small and compact area of England,¹ nothing but failure could result if it were imposed on the scattered communities represented by our Colonies.

Financially there would be increased cost. An essential feature in the new department would be a gradation list. So many officers of each grade would be apportioned to each colony. To make matters fit in with this requirement, every officer will be liable to removal from one colony to another. This liability to removal will be a serious impediment to private practice. At present the emoluments of medical officers in the Colonies depend largely on the amount of private practice possible; in many instances this is the mainstay of income, the official income being much of the nature of a retaining fee. Where the private practice is large, the official salary is small, and *vice versa*. If private practice is to be eliminated from consideration, the emoluments must be altered accordingly, and this alone would make for increased cost.

Departmentally, however well the army model may suit army requirements, it does not necessarily follow it would equally suit the requirements of civil communities. The new arrangement would bring with it its own peculiar troubles. Where, at present, men are quite content to pursue the even tenour of their way, rejoicing in the fact that they are highly respected members of the communities in which they have been for years established; the presence of a gradation list, with its suggestions of superiority and supersession, would be a disturbing element. The hunt for titles and such-like "tinsel show" would inevitably follow, to the damage of valuable professional work. Mere seniority in the service would assume large proportions (larger than at present exists) in the matter of drafting members into "administrative ranks." Those hitherto content to spend their lives as useful members of an honourable profession would

be striving to gain admission into the so-called "superior" grades. At the present time questions of this sort do not disturb us. If a man's bent is for purely professional work he has not before him the bugbear of being forced into administrative rank or considering himself superseded. Administrative work he is content to leave to those, his seniors or his juniors, who may have a taste or a talent for it. Hence it often occurs in the Colonial medical departments that a relatively young member of the profession is appointed to be a chief medical officer. But as between him and the working members of the staff there are no heartburnings and jealousies, no idea of supersession. Indeed the possibility of this is reduced to a minimum by the absence of a general gradation list; for rarely, if ever, is an officer appointed to be chief of the department in which he has served as a junior; and, again, the exclusion of the chief from private practice makes the administrative office one of little account to those whose bent is purely professional, and these are the great majority in the Colonial medical departments.

Professionally, the new department would be a gain neither to science nor to the communities concerned. Pathological and epidemiological knowledge is not gained to any great extent by those who are mere rolling stones. This knowledge comes slowly in the train of extensive, long, and careful work. Frequent removals interrupt it. Hence the professional workers should be encouraged to enter freely into professional work without fear of having their work broken in upon by frequent removals. That this is amply recognised is seen in the fact that the Professor of Military and Tropical Medicine in the Army Medical School at Netley has always been an Indian medical officer.

The army model, therefore, even if practicable, would be a useless encumbrance to the Colonies. Nevertheless, the extreme decentralisation to which we are of necessity subjected may be advantageously corrected by the establishment of a central office, which, whilst it would leave individual colonies the same latitude of action as they at present enjoy, would render valuable service to each by keeping it informed of the success or failure attendant on certain lines of action in other places, systematising results already achieved, rendering assistance and advice when such are required. The model for such an organisation is not to be found in a department established expressly for the purposes of militancy, but in one established to further the ends of industrialism—not in the medical department of the army, but in that of the Local Government Board.

THE Duke of Connaught will take the chair at the Biennial Festival on March 24th of the National Hospital for the Paralysed and Epileptic (Albany Memorial), Queen Square.

ALCOHOLISM AS A CAUSE OF IDIOCY.—M. Bourneville, whose observations and writings on idiot children are known to all who are specially interested in the subject, has submitted to the Paris Public Health Society the following statistics, which show the terrible influence of alcoholism in the production of idiocy. Of 1,000 idiotic, imbecile, backward or epileptic children admitted to the Bicêtre Asylum between 1880 and 1890, 471 had drunken fathers, 84 had drunken mothers, while 65 were of alcoholic parentage on both sides. In only 209 cases was there no history of alcoholism on either side. In 175 no information on this point was forthcoming. In 57 cases it was positively ascertained that conception had taken place while the father was drunk, and in 24 other cases the same circumstance was extremely probable, though not quite certain.

THE Lord Mayor, President, Mr. R. B. D. Acland, Chairman, and Mr. H. N. Hamilton-Hoare, Treasurer of the Hospital Saturday Fund, make an appeal to the public for assistance in purchasing and fitting up suitable premises for the Fund. The large amount of work which is done by the Fund, including the supplying of surgical appliances on a carefully thought-out system of part payment by instalments, makes it absolutely necessary to leave the present inconvenient premises in Farringdon Road. An opportunity offers of purchasing the freehold of suitable premises in a central position, easy of access from all parts of London, for the sum of £4,000, and by the expenditure of an additional sum of about £500 these premises can be thoroughly adapted to the increased work of the Fund.

¹ Sir John Simon's *English Sanitary Institutions*, pp. 335-342.