The salary should be £200, rising to £300, with allowances for house and horse at Royal Irish Constabulary rates, and retirement at the age of 65 with a pension on Civil Service scale.

Medical inspectors to be chosen by competitive examination from dispensary and workhouse medical officers of over ten years' service who have a diploma in public health.

A post-graduate course about the tenth year of service should be attended by each medical officer, with full pay and free lectures. Every medical officer should be entitled to yearly vacation of one month.

Each county or group of counties should have a medical officer of health, a "whole-time" official, with adequate salary.

This is merely an outline, leaving many important matters of detail to be filled in; but it is on some such lines, I submit, that the much-needed reform in this system must be brought about.

The reformation is almost entirely in the hands of the profession itself. The service at present is hard and unattractive, and offers but little inducement to the young man starting in life. If this could be brought home to him, the unfailing law of supply and demand will bring the remedy, as it has, for instance, in our Army Medical Service, for which there is now keen competition among the best of our students.

We must remember that it is not only on professional grounds that reform is needed; the claims of the poor of Ireland should also be considered. It was for them the system was established. It is plainly the duty of the State to provide them with a service thoroughly efficient and up to date, and it is a reproach to successive Governments to have allowed the present conditions to have continued so long.

THE ATTENDANCE PRIZE SYSTEM;

ITS RELATION TO THE SPREAD OF DISEASE IN
ELEMENTARY SCHOOLS

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PRIZES for regular and punctual attendance are given in nearly all the elementary schools of this country. Some few education authorities give prizes for efficiency and progress, but a high percentage of attendance is also required, and absence on account of illness, infectious or otherwise, is not taken into account, and therefore disqualifies. The giving of bronze and silver medals for consecutive perfect attendance during such periods as four and six years is also a common practice. The advantages and disadvantages of the system may be briefly summed up.

ADVANTAGES.

1. The Government grant is earned by means of attendance. Thus money spent in prizes is looked on as well invested, and likely to return great increase in larger grant obtained.
2. The children are trained in regular and punctual habits.
3. If children are absent there is a loss of sequence in their education.

DISADVANTAGES.

1. The wrong children often get the prizes. The child who tries and the brilliant child may have temporary illness, and therefore receive no reward; whilst the dull and backward and the idle child may win yearly.
2. In many cases the parents are most keen, they really deserve the reward. The child with neglectful parents has little chance, as it is kept away from school for trivial causes, and is thus not successful.
3. In the more enlightened cities, where absence on account of infectious disease is allowed, the prize is a farce as a prize for regular attendance, as a child may be absent for months with ringworm or scarlatina, and yet receive a first-class reward for, perhaps, a month's attendance in the year.
4. The giving of prizes for attendance demanded by law, when by the child's absence parents are liable to be fined, is also an argument against the system, although a very trivial one compared with

- (a) The risk to individual health.
- (b) The risk to the public health.

THE RISK TO INDIVIDUAL HEALTH.

Children are sent to school with bilious attacks; they have to be kept recumbent, and even then vomit on the floor. The teachers allow them to remain simply to prevent their losing an attendance.

Again, in the case of children suffering from various physical defects, I often receive answers to my letters requesting the parents to obtain medical attention to the effect that the child will be attended to in the holidays, so as not to miss its special prize, and promises are very poor things compared with deeds. I know children have lost special rewards owing to one half-day's absence spent at the hospital for the removal of adenoids. No doubt many parents are over-anxious about their children, and keep them away from school for the slightest ailment; but if done in good faith this is much better than sending the child to school, well or ill, in order to obtain a first-class reward.

THE RISK TO THE PUBLIC HEALTH.

Children sent to school with the early symptoms of scarlatina, measles, etc., sit close to healthy children, and thus disease is spread.

In one case a mother brought a little boy to school, and begged the teacher to allow him to stay, although he was obviously far from well, so that he "might not miss his prize." This was on a Tuesday morning; on Thursday he died of scarlatina. In another case a child was kept at school all one day and till noon the next. During the afternoon she was delirious, and, on the family doctor being called in, she was sent to the fever hospital suffering from scarlatina. Another child was seen sitting by the fire on account of a sore throat. This child had diphtheria, and her reason for being in school was that absence would deprive her of a prize. In all these instances grave risk had been run of infecting other children.

In visiting schools when measles is prevalent in the district, how often colds in the head and red eyes are noted and excluded! Supposing these symptoms occur in the last fortnight of a child's six years' perfect attendance, with a silver medal fall in sight, ignorant parents can scarcely be blamed for sending the child, although even to the unprofessional eye it ought to be in bed rather than at school.

I think all interested in the problem of health at school will agree that the weight of evidence is against the attendance prize system, and that some effort should be made to remedy it.

In Sheffield the system has been completely altered. The prizes in the future are to be given for progress and efficiency based on the class teacher's recommendation and the head teacher's examination. A high percentage of attendance will be required, but illness, both infectious and otherwise, will be allowed for, so that the child who is ill during the term will have as good a chance of a prize as the one who is ill in the holidays.

It is to be hoped that, in the near future, other education authorities will alter their prize system to one on the Sheffield plan, and thus a good deal of unnecessary misery be spared the children for whom they are responsible.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PAROTITIS AS A SEQUELA OF PNEUMONIA.

THE patient in the following case, a man aged 42, was attacked by acute pneumonia on December 26th, 1907, the left lung being involved. Crisis occurred with five attacks of vomiting on the seventh day of the disease.

After-Progress.—On the following day the temperature and pulse ran up again, and what should have been the third day of convalescence was marked by the onset of tenderness and great swelling behind the right ramus of the lower jaw, below the lobule of the ear. Next day, owing to extension of swelling and symptoms of toxæmia, an incision was made over the inflammatory tumour, but no pus was evacuated. After the lapse of a further forty-eight hours, and the employment of boracic fomentations, beads of pus appeared in the incision. As drainage was evidently deficient, and the whole parotid gland, superficially and deep, was suppurating freely, further extensive incisions were employed, and a thorough vent given to the loculated collections of pus, which welled up from deep tracks, reaching to the digastric fossa behind, the glenoid fossa and interpterygoid muscular area anteriorly, as also through Stensen's duct into the mouth.

Thirty-one days after the onset of the parotitis sinuses were healed, and induration and swelling remained, giving rise to slight limitation of movement of lower jaw.