

happy, and I for one shall not forget how good-tempered and free from all bitterness towards your enemies your soldiers and officers have been.'"

Surgeon Edward Thomas Meagher, R.N., invalided from the cruiser *Scout*, and Staff Surgeon Jeremiah Sugrue, R.N., invalided from the battleship *Devastation*, landed at Plymouth on Oct. 6th.

Lieutenant-Colonel P. F. O'Connor, I.M.S., has been appointed principal medical officer to the troops at Shanghai.

Correspondence.

"Audi alteram partem."

MEDICAL SERVICE IN THE HIGHLANDS AND ISLANDS OF SCOTLAND.

To the Editors of THE LANCET.

SIRS—To meet the undoubted hardships of certain Poor-law medical officers in Scotland, the first remedy is to put the Scottish Poor-law Medical Grant on the same footing as it stands in England and Ireland—that is, that Scotland should get one-half of the actual expenditure instead of a fixed contribution which is less than that moiety. The second, that the Poor-law medical officers should not be dismissed unless with the sanction of the Local Government Board for Scotland. The third, that manes for the doctors should be provided in the remote districts of the Highlands and islands. The fourth, that they should have the right to be superannuated on a fair scale, founded on proper principles. The fifth, that they be entitled to an annual holiday, the parish council giving a fair allowance for providing a substitute.

The first of these points is really a ratepayers' question, and there can only be one answer if Scotland is to get equal justice when compared with other parts of the United Kingdom. Against the second proposal there are certain objections which are more or less valid, and it would be very difficult, unless the Government take full charge of a Bill to alter the present status of the medical officers, to get it passed, seeing that most of the parish councils would naturally be opposed to any such restriction. If this be so, then some other method must be thought of. The hardship scarcely applies in any cases except in those where the subsidy is really given not merely for attendance on paupers but as a guarantee for securing the services of the local doctor. The result of this arrangement is that if the doctor loses his parochial appointment he is really deprived of his means of living and must abandon the struggle.

Seeing that the public at large really helps to pay for medical attendance to all and sundry in these parishes, it ought in all fairness to have its say, both in making and unmaking such appointments. A precedent is fortunately at hand in the case of the schools in certain island parishes where, in the case of extraordinary grants, H.M. inspector of schools acquires a right to sit at the school board. If the Local Government inspecting officer had the same right, then he would see to it that no injustice was done to the parish doctor, and would likewise take care that only competent men were appointed and that proved incompetent men were dismissed.

With regard to the third point, all that is wanted is that permissive power be given the parish councils for such purposes to borrow money to be repaid on the same terms as similar loans granted to local authorities. It is not necessary to argue in favour of some form of superannuation, or as to giving permissive powers to parish councils to grant holidays to their medical officers. Seeing that these are already given in Ireland, surely Scotch Poor-law medical officers are entitled to the same privilege, a privilege which on every ground is likely to be for the good, not only of the doctor, but also of his patients.

I am, Sirs, yours faithfully,

WILLIAM BRUCE, M.D. King's Coll., Aberd.,

Direct Representative for Scotland on the
General Medical Council.

Oct. 16th.

A SUGGESTION FOR THE EXTERMINATION OF THE MOSQUITO FROM COLONIAL HOSPITALS AND DWELLINGS.

To the Editors of THE LANCET.

SIRS,—It behoves all who are interested in the relation of the mosquito to malaria to offer any suggestion which may be of service to the residents in malaria-stricken districts. I have no personal knowledge of the mosquito or his habitat, but I should like to tell a story which in the hands of those acquainted with both may perchance prove of value. As I have always four or five horses in my stables I built a large corn-loft, on the most approved principles to keep out vermin, to enable me to buy in the cheapest market by purchasing 50 quarters of oats at a time. Many years ago I found my horses were not up to the mark, and on inquiry ascertained that they refused their corn. I immediately went into my corn-loft and discovered that many bushels of oats were simply husks, the corn having been consumed by the ravages of moths. This was such a new experience to me that it required some consideration to cope with it in the future. As the mischief was all done for that season I removed the destroyed corn, and when the remainder was consumed I had the walls and ceiling washed with fresh slaked lime, so that it was put on hot, into which was stirred sufficient sulphur to make it somewhat yellow. This is renewed every few years and causes no unpleasant smell. But into the precincts of my corn-loft no moth or fly ever dares to enter. Would this plan similarly affect the mosquito is the suggestion I would offer for what it is worth?

I am, Sirs, your obedient servant,

Rugby, Oct. 15th, 1900.

CLEMENT DUKES.

THE INCUBATION PERIOD OF MALARIA.

To the Editors of THE LANCET.

SIRS,—The following case may be of value in settling the incubation period of malaria.

A man, aged 32 years, left Grandola in Spain on July 25th, 1900, in the afternoon. He arrived at Alcacer do Sal at 8 o'clock in the evening and left again on the top of a diligence for Poicerão at 10.30, which he reached at 4 A.M. to catch the 4.20 train. Alcacer do Sal has a very bad reputation for malaria; it is a salt swamp and mosquitoes abound. From 8 P.M. on July 25th to 4.20 A.M. on July 26th my patient was badly bitten by mosquitoes, and this is the only occasion on which he has been in a malarious district. On arriving at Southampton about 10 P.M. on August 12th he did not feel very well; he remained on the boat and left by the morning train for London on August 13th. About 4 P.M. that afternoon he began to feel very ill and could hardly walk and at 8 o'clock, while trying to have some dinner, a definite attack came on. This was at once recognised by a friend who had been many years in China as ague. The patient had a very bad night but was comparatively well next day. A second attack came on about 8 o'clock on August 16th and as my patient became slightly delirious and was very feverish a medical man was hastily summoned. The blood was unfortunately not examined and the patient since then has had several much milder but irregular attacks. The incubation period, therefore, in this instance seems to have been 18 days—from the night of July 25th–26th to the evening of August 13th.

I am, Sirs, yours faithfully,

W. FRANK COLCLOUGH,

Medical Officer to the British Hospital, Oporto.

Oporto, Portugal, Oct. 9th, 1900.

THE ORANGE RIVER COLONY AS A HEALTH RESORT.

To the Editors of THE LANCET.

SIRS,—Now that winter is approaching and the profession and public alike are once more turning their attention to South Africa as a health resort, I venture to opine that first-hand information from those who have been there may not be unacceptable to those who propose to go. My own experience is limited to the Harrismith district of what was the Orange Free State, about which I will say no more than that it is second to none in point of suitability for cases of threatened or early tuberculosis. My object in writing is