

ANNUAL MUSEUM.

The Annual Museum in connection with the sixty-seventh meeting of the British Medical Association will be arranged in the following Sections:

SECTION A.—Food and drugs, including prepared foods, chemical and pharmaceutical preparations, etc.

SECTION B.—Instruments comprising medical and surgical instruments and appliances, electrical instruments, microscopes, etc.

SECTION C.—Books, including diagrams, charts, etc.

SECTION D.—Sanitary Appliances and Ambulances.

A fine and well-lighted hall will this year be utilised for the purposes of the Museum. This room is 150 feet in length, and 60 feet in width, and is in close proximity to the Reception Room.

Exhibitors (other than members of the medical profession) will be charged for table, floor and wall space as follows: In Sections A, B, and C, from 2s. 6d. per square foot, depending on the position of the table; tables 3 feet and 3 feet 6 inches wide being provided. In Section D, 6d. per square foot for floor space (all fittings to be provided by the exhibitor). Wall space (where available) will be charged for advertisements at 6d. per square foot. Section D will be held in the Swan Street Board School, a short distance from the Drill Hall.

Advertisements in Museum Catalogue.—A catalogue will be printed, and 2,000 distributed gratis to members of the Association. Prepaid advertisements, to be sent before June 20th, will be inserted. Further particulars will be sent on application.

The plans of the hall and forms of applications for space will be ready early in May.

REGULATIONS.

1. All communications on general matters connected with the Museum, and all applications for space, should be addressed to Mr. James McGregor, 9, St. Mary's Crescent, Fratton Road, Portsmouth, before June 1st. N.B.—No space will be allotted before that date.
2. A brief description of each exhibit for insertion in the Museum Catalogue must be in the hands of the Secretary before June 20th.
3. Space will as far as possible be allotted in the order of application, and in proportion to the amount applied for, the Committee reserving power to give preference to *bond fide* inventions and improvements not previously exhibited, and also to refuse any exhibit they may consider unsuitable.
4. In the event of more space being applied for than is actually available, the allotment will be made at the discretion of the Committee.
5. The Committee reserve to themselves the power to utilise any of the floor space set apart for Section D (if it is not all required for sanitary exhibits) for the erection of additional tables, or for any other purpose they may think fit.
6. All exhibits should be addressed to the Secretaries of the Museum, British Medical Association, Drill Hall, Grigg Street, Portsmouth, with the name of the Section for which they are intended, with the exception of those for Section D, which should be addressed The Board School, Swan Street, Portsmouth. Packages should not be addressed to a firm's representative at the Museum.
7. All exhibits must be delivered between July 27th and July 29th, and each package must bear a card showing the name and address of the exhibitor.
8. All exhibits must be placed in the allotted space by 2 P.M. on July 31st.
9. No signs or placards will be allowed in the hall which may interfere with neighbouring exhibits. No exhibit or placard on the central tables must reach higher than 2 feet 6 inches from the table. The arrangement of signs, placards, exhibits, etc., will in every case be subjected to the approval of the Committee.
10. Intimation of the space allotted to each exhibitor will be sent as promptly as possible after June 1st, marked upon a plan. On receipt of cheque for the cost of such space, a card for the admission of the exhibit will be sent.
12. All cheques to be made payable to Mr. James McGregor, 9, St. Mary's Crescent, Fratton Road, Portsmouth.
13. No exhibits will be received except on the under-

standing that the above regulations are strictly complied with.

H. RUNDLE, F.R.C.S., *Chairman*,

13, Clarence Parade, Portsmouth.

R. EMMETT, M.R.C.S., L.R.C.P.,

83, Kingston Road, Portsmouth.

JAMES MCGREGOR, L.R.C.P. & S. Edin.,

9, St. Mary's Crescent, Portsmouth.

PATHOLOGICAL MUSEUM.

Specimens of interest for exhibition in the Museum should be forwarded, addressed to the Secretary of the Pathological Museum, British Medical Association, Boys' School, Seaman's and Marines' Orphan Home, Portsmouth, during the last week in July; and a brief description of each exhibit for insertion in the Museum catalogue must be in the hands of the Secretary by June 20th. Intending exhibitors are requested to communicate with the Secretary of the Pathological Museum, Staff-Surgeon L. Lloyd Thomas, R.N., Royal Naval Depot, Portsmouth. All specimens must be mounted ready for exhibition.

SPECIAL CORRESPONDENCE.

BERLIN.

The Establishment of Sanatoria for Consumptive Patients in Germany.—Revision of the German Pharmacopœia.—Professor Esmarch on the Dum-dum Bullet.—General News.

The German Central Committee for the establishment of lung sanatoria—of which the German Empress is Lady Patroness, and the Imperial Chancellor, Prince Hohenlohe, honorary President—though it has been in existence only for the last three years, can already look back on efforts crowned with signal success. A number of sanatoria have been opened, and the results obtained prove convincingly that persons of the poorer classes attacked with lung disease can be treated efficaciously, and in many cases restored to health, while remaining in close proximity to their homes and places of work. Before long the number of German sanatoria available to the poorer classes will have reached fifty. This result has been achieved thanks to a widespread agitation all through the empire for the collection of contributions, and also to the co-operation of the various workmen's sick and provident societies, to the Red Cross Society, and above all to the State department for insurance of working men and women, the President of which, Geheimrath Gaebel, is one of the most active members of the Committee. The annual meeting of the Central Committee will be held on January 9th, and the report is looked forward to with unusual interest. The local branch society, known as the "Berlin Brandenburg Society for Lung Sanatoria," is also under the special patronage of the German Empress. Professor von Leyden took the chair at the yearly meeting held just before Christmas, and reported progress of the sanatorium in Belzig (near Berlin), at present in course of construction, and which will shortly be ready for occupation. The building and furnishing will cost about 600,000 marks (£30,500), of which four-fifths have already been raised by the Society, while the rest is to be covered by a mortgage. The situation is described in the report as in every way an advantageous one; the ground is dry and sandy. In the wards an air-space of 25 cubic metres is to be allowed per bed. The question of special lung sanatoria is also being considered by the directors of the Prussian State railways, and a meeting—which, however, was more of an informatory character—has been held for the purpose of ventilating the subject. Delegates from the Prussian Ministry of Public Works, the President and Chief Manager of the Railway Officials' Pension Fund (to which all railway officials, high and low, are obliged to contribute a fixed proportion of their salaries), and the managers or presidents of all the railway sick funds, were present, and in connection with the meeting a visit was paid to the Red Cross Society's sanatorium near Oranienburg, where the chief physician, Dr. Brecke, explained all the arrangements and the details of the treatment. At the meeting itself statistical tables of the therapeutic results obtained in the new sanatoria were distributed.

The committee for the remodelling of the German *Pharmacopœia* will sit in the Imperial Board of Health building from January 6th to the 10th.

An "open letter" by Professor von Esmarch, pleading for a more humane method of warfare, has appeared in the monthly periodical, *Deutsche Revue*, and is going the round of the daily papers. He discusses the Dum-dum bullet, and Professor Bruns's well-known experiments on corpses with a similar projectile, that is a bullet, the hard metal covering or mantle of which has been removed at the point, and he comes to the conclusion that this bullet, though perhaps permissible in warfare with savage races, should be forbidden in European warfare. At the International St. Petersburg conference of 1868, says Esmarch, explosive bullets of less than 400 grams weight were prohibited in future warfare, and this decision has ever since been strictly adhered to by all the nations of the conference. If the Peace Conference of 1899 were to rule that in future only such small calibre lead bullets should be used in war as are covered entirely, or at least at their point with a mantle of hard metal, it would be acting in a spirit of humanity in harmony with the intentions of its august convener.

In February, that is at the height of the Berlin "season," a musical *soirée* on a large scale is to be held in aid of the funds of the Berlin Ambulance Society. Professor v. Leyden is at the head of the *Soirée* Committee, and has chosen as helpers several persons of influence in the fashionable world.

PARIS.

Medical Experts in the Law Courts.—The Plague at Tamatave—A Memorial to Dr. Feulard.

M. CRUPPI recently laid before the Chamber of Deputies a Bill for reforming medical expert evidence. M. Cruppi proposes that a list of medical experts should be drawn up every year. None but men of undoubted scientific ability should be on the list; the accused person should have the right to name his or her own expert, who should work in co-operation with the expert named by the judge. In cases where the two experts do not agree the matter should be decided by a Committee composed of eminent scientific men. The Commission of Judicial Reform is considering the question.

Owing to prompt and effective sanitary measures the plague epidemic at Tamatave has considerably abated. The European population and the troops have completely escaped. On the other hand, in the neighbouring villages, where the sanitary measures have not been so thoroughly carried out, many deaths from plague have occurred. The Minister of the Colonies has sent out ten doctors and several nurses. M. Thiron, a medical officer of the navy, who for the last two years has been attached to the Pasteur Institute, is placed at the head of the expedition. He takes with him a good supply of serum and disinfecting apparatus recently purchased by the Colonial Minister.

Not long ago a bust was placed in the library of the Saint Louis Hospital in memory of Dr. Feulard, who, it may be remembered, was burned to death at the Charity Bazaar. He believed he had rescued his wife and daughter, but finding to his horror that his child was not with them returned to the burning building to search for her, and both perished. Dr. Napias, Director of the Assistance Publique, presided at the ceremony. Dr. Feulard at the time of his death was Director of the museum and library of the St. Louis Hospital. M. Napias and Professor Besnier in their addresses dwelt on his value as a scientist, and his generous and upright mind. M. Lampere of the Municipal Council recalled the constant help which he gave to charitable and philanthropic work. M. Faillet, also a Municipal Councillor, who obtained a grant of money from the Council for the monument, announced that a Paris street is to be named after Dr. Feulard.

BRISTOL.

Sewage Disposal.—The Advantages of not Ventilating Sewers.
THE report of the Sanitary Committee on the disposal of sewage has just been published, and is of considerable interest, as it negatives the oft-repeated statement that unventilated sewers are dangerous to health. The Committee re-

ported in October, 1897, that the only means in their opinion for disposal of the sewage was by direct discharge into the Bristol Channel, and permission was granted to prepare a scheme or schemes whereby this might be effected. They consulted Mr. Santo Crimp, who recently reported that four schemes were possible: (1) Conveying the sewage to Pill, and after treating it chemically discharging it into the Avon; (2) discharging the sewage untreated at Charlcomb Bay or (3) at Black Nose, both places being lower down the Severn than the mouth of the Avon; and (4) discharging the sewage at Avonmouth. The capital cost of these schemes was (1) £366,000, with a total annual cost for forty-five years of £24,628; (2) £769,272, annual cost £31,376; (3) £522,100, annual cost £23,695; (4) £379,700, annual cost £17,487. Of these No. 4 appears to be the best, for the set of the tide, as measured by floats, would carry the sewage well out into mid-channel, and the chance of fouling the shores at places lower down the Severn would be avoided.

The Committee also reported that, after consultation with Mr. Crimp and the medical officer of health, they do not recommend the ventilation of the city sewers. For the sake of comparison, Brighton—a town with fully-ventilated sewers and a tidal outfall like that of Bristol—was taken. During the eleven years 1880 to 1890 the zymotic death-rate in Brighton was 2.16, in Bristol 2.12, and further analysis shows that by selecting certain diseases generally associated with sewer gas—namely, diphtheria, diarrhoea, and fever—the figures for Brighton are 0.98, for Bristol 0.77. The report states that sewer gas will not be forced back into dwelling houses if the house drains are properly constructed, and that a great outlay (about £40,000) would have to be incurred in ventilating the existing sewers. With this report is one by Dr. Davies, the medical officer of health, who goes still further into statistics, showing that the death-rate from all causes is remarkably low in Bristol, and more so in Clifton, a district which contains many working men's houses. For his comparison he takes Croydon, because it has the lowest death-rate for the thirty-three great towns and has ventilated sewers. The general death-rate of Clifton is lower than Croydon; Bristol as a whole is higher. For fever Croydon and Bristol are the same, while Clifton is much lower. For diphtheria the rate at Croydon is more than double that of Bristol and five times as great as that of Clifton, which is less than a quarter of that of the thirty-three large towns and less than a seventh of the London rate. Fatal diarrhoea is about equal in Bristol and Croydon (49 and 46), but these are much less than London (67) and the other big towns (84); Clifton is only 21. The infant mortality-rate is 146; Croydon is lower (126), but London is 155 and Brighton 149. Dr. Davies points out that these facts speak very eloquently in favour of keeping the sewers in their present unventilated state, and that it would be a most disastrous state of things if an outbreak of diphtheria were to follow on putting in ventilators. The complaint that the street gullies smell is due to the evaporation of the water in the seals, and these complaints are not as frequent or as serious as those which are heard in towns with ventilators in the streets. There seems, in fact, to be little if anything to be gained by introducing ventilators, and it might mean that the present satisfactory condition of things would cease to exist. It certainly would involve a very great outlay which, in the face of the above facts, hardly seems justifiable.

MONTREAL.

College of Physicians and Surgeons of the Province of Quebec.—British Pharmacopœia in Canada.—Interprovincial Registration.—Medical Faculty of McGill University.

UNDER the present provincial law the executive of the College of Physicians and Surgeons of the Province of Quebec consists of a Board of forty-two governors, eight of whom are appointed as representatives of the Medical Faculties of the Universities of McGill, Bishop's, and Laval, and the remainder are elected to office for a term of three years. As voting by proxy is allowed and the elective governors are chosen from the members of the whole College without regard to districts, it is possible for an individual, by obtaining the necessary number of proxies, to determine the election of nearly the whole Board. This, it is asserted, has repeatedly been done in the

past. Some months prior to the last election a Reform Committee was formed whose candidates were pledged, if elected, to obtain legislation for the abolition of voting by proxy, and for the division of the province into electoral districts each having the power of choosing its own representative on the Board of Governors. The reform candidates were elected by an overwhelming majority, and during the coming session of the Provincial Parliament an effort will be made to have the proposed changes become law.

The issue of the new edition of the *British Pharmacopœia* has brought up the question of its status in Canada. For, although it has virtually always been accepted as such, the *British Pharmacopœia* has never been officially recognised as the *Pharmacopœia* of Canada. At the recent annual meeting of the Canadian Medical Association at Quebec a Committee was appointed to endeavour to bring about a Dominion enactment to this effect. By an agreement between the Montreal Medico-Chirurgical Society and the Province of Quebec Pharmaceutical Association October 1st had been fixed upon as the date for the coming into force of the new edition in this province. The Canadian Medical Association recommended that the same date be accepted for the whole Dominion.

Interprovincial registration has long been the dream of the most advanced medical thinkers of our Dominion, and it now seems in a fair way of being accomplished. The main difficulty in the way in the past has been the unwillingness of the Provincial Boards to release control of medical education within their respective provinces. The late President of the Canadian Medical Association (Dr. Beausoleil) devoted the annual address to the consideration of this subject, and a Committee, consisting of representatives from all but one of the provinces, prepared a report as a basis of agreement. It is thought to overcome the difficulty alluded to by having the Central Examining Board for the Dominion appointed by the Medical Councils of the various provinces. A draft of the proposed changes have been sent to the Councils of the different provinces to be ratified, and, when this is done, the necessary Federal legislation will be asked for.

Attendance at the medical schools is somewhat above the average. The figures for the Medical Faculty of McGill University show an increase of the total number of undergraduates from 405 in 1897 to 428 in 1898. The different years are represented as follows: first year, 130; second year, 124; third year, 95; final year, 79. Returns have not yet been received from the other schools.

CORRESPONDENCE.

THE NEW MIDWIVES BILL.

SIR,—Those who objected to the Midwives Registration Bill of 1898 may fairly congratulate themselves on having helped toward the introduction of a much more practical scheme. The new Midwives Bill does what is wanted in a reasonable way, and nothing more. It creates a Central Midwives Board of six persons who shall frame rules subject to the approval of the General Medical Council regulating the conditions on which women can be licensed as midwives, and have their names entered on the roll of midwives. The Central Council will also appoint examiners, decide where and when examinations shall be held, the conditions under which midwives may be removed from the roll, suspended temporarily from practice, or restored to the roll. They will also issue licences.

The midwives licensed by the Central Board will have further to obtain a certificate from the local supervising body appointed by the county council for the locality in which they intend to pursue their calling. This local body will probably consist of the leading medical practitioners of the town or district. It will be their duty to exercise general supervision over the midwives in the prescribed area, and to report to the Central Board if a midwife breaks the law, or if she is convicted of misdemeanour or felony.

It will depend upon the way in which the local supervising authorities do their work how far the licensed midwife becomes a most useful ally or a rival to the general practitioners of her district. If the local supervising body is properly constituted, and if it contains all those practitioners who have any claim to be on it, if it sets itself to train the

midwives and then to help them fairly as consultants when occasion arises, the relations between the midwives and the medical practitioners may be as amicable and pleasant as they are between the midwives and consultants of the Royal Maternity Charity. No one ever objected to midwives being properly taught and put upon a roll. What was disliked last year was a scheme which threatened to create a class of very inferior practitioners who would have been in effect quite independent in their work. This need not be the case now if the local supervising bodies go into the business of training and overlooking the women in a thorough and friendly way. It is quite certain that midwives will continue to be employed. If the present scheme meets the objections felt to the Bill of 1898, it will be wise to support it.—I am, etc.,

Upper Berkeley Street, W., Jan. 4th. E. GARRETT ANDERSON, M.D.

THE GENERAL MEDICAL COUNCIL.

INSPECTION OF DOCUMENTS.

SIR,—As Dr. Glover's account of what passed in the session of the Council last May on the subject of the inspection of documents is not complete, it may unintentionally mislead your readers. Dr. Glover says he has always held it to be the "right and duty" of the members of the Council to inspect as far as possible all documents of the Council, and he says that this "right is so obvious that it does not need discussion." Allow me to point out that this "right and duty" was enjoyed and exercised by the members of the Council without let or hindrance from the original foundation of the Council in 1859 until Sir W. Turner was elected President on April 7th, 1898. On that day he solely on his own responsibility ordered the Registrar to refuse me the exercise of my right which Dr. Glover now finds to be incontestable and, indeed, for that reason not to be worth discussion. Until April 7th, 1898, therefore, there was no necessity for Dr. Glover or anyone else to move any resolution to "facilitate," as he terms it, the inspection of documents. The ordinary meaning, by the way, of the word "facilitate" is to "render easy." We shall see directly what is Dr. Glover's notion of rendering public business "easy."

The President, on my remonstrance, reiterated his confiscation order in language which even Dr. Glover and Dr. Bruce, to whom I showed his letters, did not mistake for politeness; and I quite agree with Dr. Bruce in the letter you publish, that if such "demands" on our liberty and rights, though wholly improper, are going to be made by the President, they would perhaps be better received if "put in more courteous terms" and "not at the point of the bayonet."

The matter, therefore, at the opening of the session in May, 1898, stood thus. The right of the members of the Council to inspect the documents was arbitrarily abrogated by the President.

Yet neither Dr. Glover nor Dr. Bruce made the slightest attempt to recover this right thus wrenched from the members. On the contrary, Dr. Glover made haste to censure me in public debate for daring to report to my constituents what the President had done, and with Dr. Bruce voted that the President's unconstitutional act was perfectly correct! He then proceeded to gravely aggravate the situation by moving a resolution on the subject, the terms of which were drafted (? by Dr. Glover or by Dr. MacAlister), first, so as to hopelessly complicate the legality of the situation, according to Mr. Buckley, Q.C.; secondly, so as to render it impossible for any member to inspect any document relating to the legal and penal business of the Council during the six months' interval between the sessions; and, finally, so as to place the "obvious right" of the members at the mercy of the President, who had already shown to what lengths he was prepared to go in the direction of usurpation.

Nevertheless it seems we are now to understand that Dr. Glover considers this resolution of his to have had two objects—namely, (1) to secure the right of members to freely inspect all documents, (2) to "secure the care of all documents."

To think, as Dr. Glover now suggests we ought, that his resolution, which permanently took away our existing right, also "secured" the same right, is bewildering, but perhaps in your next issue we shall be favoured by Dr. Glover with an explanation how this feat can be performed without the