

India.

THE PREVENTION OF PLAGUE.

DR. PEARSE, the special health officer of the Plague Department of Calcutta, has sent us copies of a series of notices published by the department as precautions against the spread of plague. One of these consists of nine suggestions, and in a large form would be useful for posting up on walls and other places throughout the native quarters; the others are regulations dealing with the notification of cases by medical practitioners and managers or occupiers of factories. To make the disease notifiable is undoubtedly sound policy, and should help in the stamping out or diminution of the epidemic. The regulation with regard to notification by medical practitioners runs as follows:

Any medical practitioner who attends in any house a case which he has reason to believe to be a case of plague or which presents symptoms which may be those of plague shall forthwith report such illness to the Health Officer. A fee of one rupee will be paid for notification of each case not otherwise known to the department.

South Australia.

MUNIFICENT BEQUESTS TO THE HOSPITALS.

By the recent death in England of the widow of Mr. Thomas Martin, formerly a butcher in Adelaide, the whole of his Australian property has become available for distribution among the beneficiaries. One-fifth he left to a brother, a similar amount to his Adelaide attorney, two-fifths go to the Adelaide Hospital, and the remaining fifth to the Children's Hospital. It may perhaps seem ungracious to criticize the testamentary dispositions of so munificent a benefactor, but one cannot help half regretting that he (the late Mr. Martin) should have bequeathed so much money to the Adelaide Hospital, rather than to the impecunious University, or to some or several deserving charities, such as the Incurables. The Adelaide Hospital is entirely a Government institution, and is bound to be kept up in any case; the money might just as well have been handed over to the State Treasurer outright. The bequest to the Children's Hospital is somewhat different, because the Government assistance to it has never exceeded £1,000 a year; the legacy should, therefore, be very welcome to the management, who live rather from hand to mouth, and, indeed, in recent years have had to resort to street collections in order to make both ends meet. The estate consists entirely of city property, and has been valued for probate at £210,000. It is in the hands of trustees, one of whom, the ex-Mayor of Adelaide, was recently sent to gaol for gigantic frauds on the Customs.

THE CITY CORONER AND THE PROFESSION.

The City Coroner has been keeping very quiet ever since his trial by the Royal Commission for excessive zeal in the cause of anthropology; but keeping quiet appears to be irksome to him. An unfortunate young man, named Harvey, seems to have made a mildly festive night of it on New Year's eve, and to have wound up his dissipation with a street vendor's meat pie. Soon after eating this he was taken ill, and within three or four hours he died in convulsions. He was treated by Dr. E. L. Borthwick, who judged him to be suffering from strychnine poisoning and therefore refused to give a certificate of death. It came out in evidence that the deceased had been heard to say that he knew where there was enough of this poison to kill a hundred men. Dr. Borthwick communicated with the police, and the police with the coroner. Now New Year's Day is our great holiday and picnic festival. The coroner may possibly have wished to complete that epoch-making paper on the aborigines of the Northern Territory, where he spent a couple of weeks recently, for the Australasian Congress of Science, shortly to be held in Adelaide—it is sad to relate that this particular paper was spoken and written about slightly by jealous rival anthropologists—or it may have been the heat; at any rate, the coroner did not feel it necessary for him to hold an inquest, and therefore he gave an order for burial, together with a certificate that the deceased had

succumbed to heart failure. Dr. Borthwick felt it his duty to take further steps in the matter, and he communicated his views to the Chief Secretary, as well as to the Council of the Medical Defence Association. The officials of that body also interviewed the Chief Secretary, it is believed, and finally the coroner and Dr. Borthwick met in his presence. The coroner, after explaining to his ministerial superior that even the *Di Superi* could not compel him to hold an inquest if he did not feel so inclined, graciously consented to look into the matter, and the body of Harvey was exhumed. The viscera were consigned (though some sceptics wonder whether they were the identical Harvey's own) to the Government Analyst, as to whose competence to carry out the investigation the coroner assured the jury he had satisfied himself. No strychnine was found, but there was some shadowy evidence of possible ptomaines. Knowing this fact the day beforehand, the coroner had a good trump card up his sleeve, and therefore took the opportunity of giving Dr. Borthwick a bad time, characterizing his conduct as impertinent, and examining him closely about his dealings with the Defence Association. The summing-up was worthy of a Gilbert and Sullivan comic opera, including as it did a dissertation upon the sacred nature of the "crown's" office, and a violent philippic against the evil machinations of the medical profession. The obsequious jury were told to bring in a verdict of "death from fits," and did so. The deceased had a brief time before solemnly declared to the lodge authorities that he had not been subject to fits, nor are such fits usually attended with such extreme opisthotonos that the patient rests upon his occiput and heels. The episode has created an uneasy impression amongst all classes and a voluminous correspondence in the daily papers during the silly season.

DEATH OF DR. CAWLEY.

Dr. Thomas Cawley, who may be credited with having taken an active and leading part in the establishment of our Branch in 1879, died suddenly at a patient's house in November, 1906.

SPECIAL CORRESPONDENCE.

BERLIN.

The Jubilee of the Tubercle Bacillus.—Treatment of Tuberculous Paupers.

Just twenty-five years ago, on March 24th, 1882, Robert Koch gave to the world his discovery of the tubercle bacillus. At a meeting of the Berlin Physiological Society he read a paper on tuberculosis, in which he reported fully his culture experiments, and ended by saying that the result of these researches was that certain bacilli were invariably present in tuberculous tissue, that these bacilli could be detached from the organism and preserved in pure cultures for a length of time, and that animals infected by various methods with the isolated bacilli become tuberculous. From this it is fair to conclude that tubercle bacilli constituted the true cause of tuberculosis, which therefore must be considered a parasitic disease. Six months earlier, in the autumn of 1881, Koch had demonstrated his culture and staining methods to the International Medical Congress in Lord Lister's laboratory. On his return to Berlin he continued his researches, and, making use of Ehrlich's methylene-blue pigment, discovered a bacillus present in none but tuberculous matter. In order to bring this out clearly on the plate, Koch stained with Bismarck-brown, and found that the bacilli retained their blue colour, while all the rest grew brown. This gave him a method of demonstrating the presence even of isolated tubercle bacilli.

The German Federal States possess a special civil court, the "*Bundesamt für das Heimathswesen*," which has supreme jurisdiction in all matters relating to pauperism, night-shelters, tramps, and tramping, etc. In the case of a tuberculous pauper in Charlottenburg (Berlin) that occupied the *Bundesamt* a short time ago, the court ruled that municipal guardians of the poor were in duty bound to give consumptive paupers the benefit of suitable therapeutic treatment by placing them in special lung sanatoriums. It made no difference that the patient in ques-