

THE LIVERPOOL ABATTOIR MUDDLE.

LIVERPOOL still presents to the country an object lesson from which much may be learnt with regard to the need of supervision and forethought in communities where a rapid growth of population is taking place. At the beginning of the nineteenth century the population of the great port on the estuary of the Mersey was under 100,000. Since that time almost every decennial census has seen a growth of about 60,000 except in the ten years 1880-90, when a decrease, due to the population flowing from the centre to the outskirts, was recorded. The municipal boundaries were extended in 1895, and the numerical growth has since continued. At present the city has in its centre a large abattoir worked by a company. This trade and the allied trades which have grown up with it have occupied premises leased from the city. Some years ago application was made for a renewal of the lease; but, owing largely to the protests of the medical profession, headed by the medical officer of health, a special committee of the City Council recommended that it should be refused. It has long been felt that these trades should not remain in the heart of a city, and are most undesirable neighbours for hospitals, universities, and large hotels. The effect of the trades on the health of the district was made years ago the subject of an investigation, and the report was absolutely against their continuance. At the present day the direct effect might be more difficult to prove, as the population is now not so much residential as business, and the number of animals slaughtered has diminished. There can be no doubt that even a number of cattle small as compared with the dead meat sold has an effect on health, since the animals are driven through the streets and kept in lairs before slaughtering, and the trades necessary for the disposal of hides, bones, blood and offal, even when conducted on a small scale, are offensive and totally out of place in populous neighbourhoods. On the Continent public abattoirs in most of the great towns form part of an establishment to which a very extensive acreage of land is devoted, a much larger space than has been allowed in any of our English towns. Our Liverpool correspondent states elsewhere that when the matter came before a plenary session of the City Council the advice given by the special committee and the medical officer of health was rejected by a large majority, in spite of the advocacy of the leaders of the two political parties. The adoption of the rejected scheme would have rendered it possible to close all the private slaughterhouses in Liverpool, which number twenty-four, scattered through different districts; the districts vary in the density of their population, but the effect of this closure would undoubtedly have been beneficial in all of them. The arguments used in opposing the transfer to the larger site were unsound. The statement, for instance, that the dead meat would be contaminated by smoke and effluvium from trades which are carried on several hundred yards from the proposed site for meat storage, and which in themselves are not any more noxious than the processes and trades connected with abattoirs, can hardly be considered valid. The proposed new site has possibilities of expansion over about 13 acres of land, affording an approach from the docks and access to several lines of rail by which live animals and dead meat could be collected and dispersed. A great point has been made of the lack of grazing ground in the vicinity, but no weight can be attached to this argument when applied to any great centre of population, where all animals that must be kept for slaughter must necessarily be retained in lairages. Liverpool has been over and over again guilty of a short-sighted sacrifice of the ultimate good of the

community to the supposed interests of a small section. Few of our large towns have so floating a population, and very few families, it is said, remain for more than three generations in the place, where they settle with the one object of making money. To these causes must be attributed the high death-rate of Liverpool, for the site of the city is naturally healthy, on a wind-swept estuary, with sandstone rocks sloping to the river underlying the greater part of it. More than one-third of the working classes used to live in cellars and back-to-back dwellings, and these conditions have not even yet disappeared, though the present generation has spent large sums in demolishing such places and substituting reasonably healthy houses. In the matter of provision of water supply, of schools, in the regulation of sanitary measures relating to closets, bakehouses, dairies, and shippens, the suppression of smoke, the control of offensive trades, and many other matters, Liverpool has blundered and muddled, and been an example of how not to do it. It has owed and still owes much to its medical officers of health; they have been backed up by the profession, which is more far-sighted in these matters than the general public. It is to be hoped that it is not too late for one more mistake to be avoided, and that the slaughtering of cattle and the allied trades, which must necessarily entail many difficulties in air and soil sanitation, shall be established in a suitable site away from the busy centre of the city.

THE HULTON COLLIERY EXPLOSION.

AT the opening of the prolonged inquest in respect of the Hulton pit explosion, the county coroner, Mr. S. F. Butcher, paid a tribute to the heroism displayed by those connected with the colliery, men of all ranks from other collieries, and by the inspector of mines and his assistants in the hazardous task of suppressing fire in the pit. Their labour, he said, was shared by members of the great profession of medicine, many of whom participated in the underground risks; from the time of the explosion and well into this year there was never wanting a staff of medical men to give help, and the work done by the voluntary medical staff and their assistants had commanded the highest admiration. The medical staff was assisted by a nursing staff and by a large number of persons who volunteered. It was a great tribute to the care exercised that not a single case of blood poisoning had arisen among those who had worked at the recovery of the dead and the preparation of the bodies for identification. In the course of the inquiry Dr. T. Boston Johnstone, of Annandale, Bolton, reported that at the shaft two squads of ambulance men, four in each squad, were stationed to act as stretcher bearers, and we understand that altogether 400 to 500 ambulance men, members of the R.A.M.C., and boy scouts rendered assistance. Buildings were converted into temporary mortuaries, with a doctor in charge, who when a body arrived placed on record the probable cause of death. When it was considered necessary for sanitary reasons to remove the unidentified for burial they were photographed and a careful record of their characteristics published; in this way many were eventually identified. Dr. W. A. Hatton, who was the first medical man to arrive at the pit, stated that the cause of death in 220 of the 341 bodies recovered was carbon monoxide poisoning; in 54, explosion; death was due to the combined effects of explosion and carbon monoxide poisoning in 61; in addition, 94 died from shock and burns. Dr. Hatton later in the proceedings thanked the coroner on behalf of the medical profession for his kind reference to its work at the pit, and we have much pleasure in endorsing Dr. Hatton's observations.

HAEMOPHILIA.

IN an admirable monograph on haemophilia,¹ recently issued from the "Francis Galton" Laboratory for National Eugenics, the authors, Drs. Bulloch and Fildes, give a critical historical study, and state that the earliest recorded case of haemophilia is one mentioned by Albucahis in the tenth century, though from provisions as to circumcision in the Talmud there is some reason to believe it was known to the Jews in the second century. After a clear summary of the symptoms, the important question of the occurrence of haemophilia in females is considered in detail and with conspicuous fairness. They conclude that there is not any evidence that women suffer from true haemophilia, thus confirming the opinion originally expressed in 1803 by Otto, of Philadelphia, in the contribution which first drew attention to the disease. This conclusion is of interest and importance, but it met with opposition from several speakers, including Professor Osler, when Drs. Bulloch and Fildes read their paper on haemophilia before the Medical Society of London on April 18th, 1910. Another important law, which, like the preceding, is arrived at by critical analysis of the apparent exceptions, is that the disease is transmitted by unaffected females, and not by males. On the interesting problem of the *de novo* origin of the disease, which Sir A. E. Wright suggests may be due to the accidental conjunction of two persons whose blood in each case is in the condition described by him as characteristic of haemophilia, the authors find that the cases supporting this view are comparatively rare, and would be fewer if the pedigrees were more thoroughly investigated. They, however, give a previously unpublished pedigree (No. 603), provided by Dr. H. S. Gettings, in support of this *de novo* origin. The literature of haemophilia consists of 949 monographs and papers, all of which, except six, the authors have either read or had specially abstracted for them by eminent authorities. To each of these references a short summary of the contents of the publication has been appended, thus saving all future investigators the trouble—often exaggerated by erroneous quotation—of looking up the original source. Of the magnitude of this labour and of the value of its result it is difficult to speak too highly. The summaries emphasize the value of the oft-neglected advice, "Verify your references," and expose, not without humour, the slender claim of some quoted cases of haemophilia. Thus, one reputed female "bleeder" was habitually cupped or leeches twice a year by her doctor, with the idea that she had too much blood! The 235 pedigrees which form the basis of this monograph are analysed in detail and beautifully depicted on the plates. In conclusion, medical science can be justly proud of this work, which must remain as the permanent source of reference on the subject.

PUERPERAL ECLAMPSIA AND LACTATION.

MUCH has appeared in print about the medical treatment of puerperal eclampsia and about Edebohls's operation. Dr. Reinhardt of Teschen has quite recently reported a successful case of decapsulation of the kidney.² The patient was a primipara, aged 29, who gave birth to a healthy child at term and then

had very bad convulsions, with suppression of urine cyanosis, and coma. The operation was followed by immediate improvement and ultimate recovery. But in every case of eclampsia that recovers there is the problem about the rearing of the child when it also is saved. Dr. James R. Goodall of Montreal³ asks the questions: "If a mother's milk is toxic, why should it be so to her infant which has been nourished through her own blood? Can a mother's milk secrete a concentrated accumulative toxin more virulent than that which circulated in her system?" His conclusions deserve study, but the obstetrician and practitioner will no doubt take more interest in Dr. Goodall's clinical reports of three cases in his own practice. All show that the milk contains a deadly poison, unless some other cause of death was present but overlooked, which seems quite improbable. A woman, aged 35, in well-to-do circumstances and perfect health, gave birth at term—the end of her fourth pregnancy—to a strong and healthy infant. Convulsions set in on the morning of the third day. The infant had taken the breast thoroughly for the first time two hours before the first fit. Both mother and child died. In the second case, the mother, aged 28, unlike the first, where no symptoms were noted before labour, had recently suffered from albuminuria, occipital headache, and epigastric pains. The labour was easy and not lingering; eclampsia set in thirty-two hours after delivery; the fits were sharp and rapid, but the patient ultimately recovered. The infant had been suckled for the first time a few hours before the first attack; six hours later it became cyanosed and ultimately died. The third patient, a strong, healthy woman until her third pregnancy, suffered in the latter months from albuminuria and from the increased bulk of the abdomen due to hydramnion. Labour came on about ten days before the calculated time, the membranes ruptured very early, but there was no delay or difficulty. The patient complained of severe headache and loss of appetite on the second day. There had been distinct symptoms during the second stage of labour; the patient's eyelids twitched, the right side of the face was convulsed, and during two pains the eyes turned to the left and became fixed, and respiration was jerky. The child was seized with cyanosis on the morning of the third day; the mother had felt the milk filling the breasts during the previous night. Dr. Goodall reports in full the symptoms, which were very remarkable; the child was supposed to be dead, but Dr. Goodall, who arrived a few minutes later, found the pulse still perceptible at the wrist. By means of artificial respiration at the fireside, the infant revived for a time, the cyanosis diminishing rapidly, but death followed within half an hour. The cardiac sounds were audible with the stethoscope until close upon death. The mother suffered from albuminuria for long after convalescence from the puerperium, and the urine was not entirely normal until the end of six months. Dr. Goodall insists that these three cases demonstrate that the later the convulsions begin after delivery—that is to say, the nearer to the period of full lactation—the graver will be the prognosis for the infant. Hence, in these cases, most dangerous for the child, where the maternal convulsions come on after delivery, elimination, effected in part by appropriate treatment, should be allowed to go on until the mother is freed from the greater part of her toxæmia. Then the breasts should be emptied before the child is suckled.

¹ Eugenics Laboratory Memoirs XII. *Treasury of Human Inheritance*. Parts V and VI. Section XIVa: *Haemophilia*. By W. Bulloch, M.D., and Paul Fildes, M.B., B.C. London: Dulau and Co. 1911. (Pp. 197; 17 plates of pedigrees and 1 plate of illustration. 15s.)

² Ein durch Nierenentkapselung geheilter Fall von puerperaler Eklampsie, *Zentralbl. f. Gynaek.*, No. 3, 1911, p. 107.

³ Should Eclamptic Mothers Nurse their Newborn? *Amer. Jour. Obstet.*, January, 1911, p. 11.

MODERN MICROSCOPY IN UROLOGY.

THE examination of cellular elements under the microscope forms by itself a chapter in modern pathology. The average clinician, however, is inclined to regard this examination as something cut and dried, and forgets the extraordinary history of its development. We owe thanks to Professor C. Posner for reminding us, in an excellent paper on urinary filaments and casts,¹ that Max Schultze and even Virchow fell into the error of interpreting microscopical appearances without taking into account the limitation of the methods applied. The introduction of modern staining methods led to many new developments, and he refers particularly to the detection of the basal structure of chromatin and the granular points in plasma, with which the names of Strassburger and Flemming and Altmann are associated, and the ingenious application of the various colour reactions in the granules of cells by Ehrlich. The progress achieved by chemical and selective staining does not, in his opinion, lose anything of its importance, when it is recognized that the examination of fresh structures has revealed what could not be seen in fixed and stained specimens. The tendency of to-day to employ the highest powers and the brightest illumination, however, tends, Professor Posner thinks, to impede rather than to promote advance. He finds that a number of auxiliary means are available which will enable the observer to overcome some of the difficulties arising from the limited optical conditions associated with ordinary microscopy. He points out that what he terms a "light" field illumination may fail to reveal some characteristics of structures which a "dark" field illumination immediately brings into view. He also emphasizes the common error of confusing the ultramicroscope of Siedentopf and Zsigmondy with the clinical dark field illumination. While the former can reveal particles in colloidal substances invisible under all other conditions, the latter aims rather at a refined illumination of structures which can be seen, but not properly differentiated, by direct illumination. He pleads for a more extended study of the structure and characters of elements by means of this dark field illumination. He recommends the use of the polarization microscope, which under certain conditions will reveal differences between structures that appear identical under others. The results of photographic reproductions of the elements when subjected to dark field illumination are, he considers, incomparably better than those of ordinary photomicrography. In the second part of his paper, Professor Posner deals with two elements which he has studied by these various means. These are urinary filaments and casts. He recognizes two forms of the former. The thicker, comma or hook-like filaments, are usually associated with suppurative processes, and are derived from the prostatic portion of the urethra, while the long, delicate threads are for the most part mucous. Dark field illumination shows an irregular intermixture of epithelium and leucocytes in a delicate basal substance. The former is usually in excess of the latter. In the second group there is a regular arrangement of leucocytes and epithelium, the former lying in rows. With regard to the casts in urine, the structure, and also the inclusions, such as epithelium, leucocytes, red corpuscles, and crystals, are clearly seen, and the tinging or inclusion of uric acid or blood pigment becomes extraordinarily evident with dark field illumination. Fatty and lipid substances can only be differentiated by means of the polarization microscope. The presence of a

substance which refracts light doubly is of great importance. It not only points to nephritic changes, but to changes so severe as to justify an absolutely unfavourable prognosis. Other diagnostic and prognostic signs may be elicited from the appearance of casts. With regard to the origin of casts, he discusses the various views impartially, and finally comes to the conclusion that they may represent desquamated and degenerate epithelium and also coagulation products of transudations or exudations or secretions of the renal cells. In conclusion, he expresses the opinion that if the dark field microscope is to serve its function well, the investigator must learn to "see well" what is to be seen.

ONCHOCERCIASIS.

REFERENCE has already been made in these columns¹ to the investigation instituted by the Local Government Board on meat imported from Australia infected with *Onchocerca*. An official report² on the matter has now been prepared by Drs. MacFadden and Leiper. The former gives an account of the administrative measures which have been taken to cope with the difficulty. When the condition first came under notice it was regarded entirely as a surface affection, which could be easily remedied by removing the superficial portions of the meat in which nodules were observed. Later and more searching examination revealed the fact that nodules were occasionally present in the intermuscular fat, and that the absence of nodules on the surface was no proof of their complete absence. A more rigorous inspection was therefore rendered advisable. At first it was thought that only a relatively small proportion of carcasses were affected, and the meat was allowed to pass when the portions infected with nodules had been removed and destroyed. The frozen condition of the meat rendered inspection in many cases unsatisfactory, as was evidenced by reinspection after thawing. It soon became clear that in order to ensure that the meat allowed to pass was free from parasitic nodules, it would be necessary to thaw out each fore-quarter and subject it to a minute examination, or alternatively to adopt the general principle of removing from the fore-quarter while still frozen those parts, namely, the flanks and briskets, in which the nodules chiefly occurred. Owing to the magnitude of the task the first course was recognized to be impracticable, and accordingly the alternative was adopted, the condemned parts being retained by the sanitary authority in cold store until such time as the owners gave notice that they wished to dispose of them. Then, according as the latter signified their desire to utilize them for food or industrial purposes, they were either thawed out and carefully examined or else treated in such a way as to render them unfit for consumption. This procedure has been in force since October, and has been found to work to the satisfaction of all parties concerned. In the majority of cases the importers have not insisted on the examination of the condemned parts, and have been content to let them be destroyed by the sanitary authority. Dr. Leiper's account of the nature and life-history of the parasite is full and lucid, and contains several points of general importance. The condition was first observed in Australia thirty years ago, but it was not till many years later that it attracted much attention. It was then regarded as peculiar to Australia, but it now appears that the same parasite has been recorded from the Malay States, Java, and India, as well as from the United States of America. This wide distribution may with

¹ Unna-Festschrift, vol. i. *Dermatologische Studien*, vol. xx. Hamburg: L. Voss. 1911.

¹ BRITISH MEDICAL JOURNAL, December 3rd, 1910, p. 1796.

² Reports to the Local Government Board on Public Health and Medical Subjects. New Series, No. 45. 1911. (16 pages, 3 plates.)

advantage be borne in mind in the inspection of meat from countries other than Australia. The peculiar character of the spicules in the male worm is noted, as also their resemblance to those of *Onchocerca volvulus*, and it is suggested that they may be of generic importance. A list is given of the features separating the cattle parasite from the corresponding, but distinct, *O. reticulata* of the horse. In this connexion it should be noted that the female genital aperture of the former is posterior to the oesophagus, not anterior to it, as was inadvertently stated in our earlier note. The reverse is the case in the horse parasite. In regard to the life-history of the worm, Dr. Leiper concludes that a biting insect is almost certainly the intermediate host. How the embryos reach the blood or lymph stream is a difficult problem; it is suggested that possibly the nodules and the connective tissue do not represent the normal habitat of the adult worm, but that they may live in a free and unencapsuled state in some of the viscera, whence they are able to discharge their embryos into the blood stream. This supposition is based on an analogous observation in the case of the horse parasite. In support of this view evidences of degenerative changes in the nodules leading to calcification, are not wanting. It is further suggested that, apart from its unsightliness, the meat may be deteriorated in quality owing to the production of some toxin by the parasite. This, however, is a supposition unsupported by experimental or other data. That the parasite does produce a toxic substance is more than probable; that the latter affects the meat, however, is mere conjecture, and if there were any truth in it, no part of the carcass could safely be considered beyond suspicion. An examination of this point would be interesting, and seems desirable. It is evident that this disease in cattle threatens much loss to Australian producers, and we have no doubt that they will realize the value of a thorough scientific investigation into the whole matter with a view to stamping out the parasite, or at least arresting its spread.

HEAD HUNTERS IN NIGERIA.

A MOST interesting lecture was delivered by Captain A. J. N. Tremaarne before the Royal Society of Arts on the evening of February 8th, on the Kagoro, a head-hunting tribe inhabiting the Nassawara province of Northern Nigeria. Captain Tremaarne, who is a Doctor of Anthropology, was stationed for some time in this part of Africa, and therefore had exceptional opportunities for a close study of his subject; but his pursuit of knowledge was rendered somewhat laborious by the fact that the Kagoro native is unable to concentrate his attention for any length of time, and any attempt at sustained questioning was consequently a matter of some difficulty. Inquiries as to their religious beliefs were practically fruitless for another reason (even though in Captain Tremaarne's case their interlocutor being a white man was looked upon as a "big Juju" and connected with the supernatural), for the Kagoro native who speaks of religion runs the risk of being stoned to death by his brethren. It seems certain, however, that the practice of head-hunting forms part of their religion, and is regarded by them as necessary for the welfare of the tribe. No male is considered to have reached maturity till he has killed an enemy, and the heads of the vanquished are hung outside the house under the thatch, and handed down as heirlooms from father to son. In common with the majority of native races, the Kagoro, men and women alike, disfigure themselves with various markings on the head and body. Both the cheeks and forehead are covered with cuts,

and the lips of female children are pierced at a very early age. The women are also obliged to shave their heads, but the masculine portion of the population indulge in elaborate hair-dressings, and combine use with ornament in the adornment of their legs, which, at dances and festivals, they smear up to the knees with red earth. This fashion, besides being considered pleasing to the eye, serves a utilitarian purpose in keeping off insects. A curious detail with regard to the Kagoro is that, unlike most savages, they seldom or never squat on the bare ground, but sit on raised stones or pieces of wood. Although, as a rule, they are very kind to their children, their treatment of such as are idiots or deformed is drastic enough to satisfy the most ardent advocate of the suppression of the unfit. If, after the age of 4 years, an imbecile or crippled child shows no signs of improvement, not only is the father fully justified in throwing it into the river (though he may not actually kill it), but the mother is free to leave her husband and marry someone else (so that there may be no obstacle to her having healthy children): moreover, so long as the afflicted child is in the house nothing can compel her to return home. The lecture, which was copiously illustrated with lantern pictures, was enthusiastically received, special interest being manifested in the quaint examples of Kagoro music, which were charmingly rendered upon the native instruments by the lecturer himself.

MOSQUITOS AND MALARIA.

THE current number of *Biometrika* contains a fascinating paper¹ by Mr. H. Waite on the relation between mosquito prevalence and malaria rates. The paper, indeed, illustrates not only the importance but the great interest of "iatro-mathematical" studies. Those members of our profession who have been wise enough to retain some of the mathematical interests of their nonage are beginning to reap their reward, and we suspect that others will shortly be tempted to disinter *Todhunter* from beneath the books heaped upon the topmost shelves of their libraries. Mr. Waite undertook his work at the suggestion of Professor Ronald Ross, and has used the biological data and assumptions of that distinguished investigator. The author first considers the case of a stable population. If in a certain locality the population is p and there are m cases of malaria, the latter will remain stationary if the number of new cases is equal to the number of recoveries. With a given value of m and p the number of new infections depends on the number of anophelines in the neighbourhood. Hence with the anophelines present in a certain proportion to the human population, the malaria rate is stationary, and if they are present in a greater or less proportion there will be a corresponding increase or decrease in the number of cases. The author then investigates the relation between the number of cases of malaria and the number of anophelines, obtaining an elegant general solution from which values to any degree of approximation can be deduced. The general form of the results, together with particular arithmetical cases which are worked out in detail, lead to the conclusions which we summarize in the author's words: "(1) Given a number of mosquitos greater than that corresponding to the 'stable population value,' the number of malaria cases will tend to increase until a stable population value is reached. (2) Given a number of mosquitos less than that corresponding to the 'stable population value,' the number of malaria cases will tend to decrease until that stable

¹ Mosquitos and Malaria: A Study of the Relation between the Number of Mosquitos in a Locality and the Malaria Rate. By H. Waite, M.A., B.Sc. *Biometrika*, vii, 421.

population value is established. In both cases the number of malaria cases tends to asymptote to the stable value. The amount of malaria does not increase or decrease indefinitely, but tends to attain a definite prevalence. Where the 'stable value' means a large number of malaria cases, the right step seems to be the reduction of the number of mosquitos; on the other hand, where it means a small number of cases it should be possible to segregate and isolate these cases." It is inevitable that during the infancy of a new branch of science those who are familiar with its methods and their development can hardly be good judges of the different kinds of data to which such methods are applied. We have examined Mr. Waite's paper rather from the mathematical than from the medical point of view, and do not feel able to offer an opinion as to the soundness of the biological postulates. Since, however, these postulates have been laid down by the chief authority on malaria investigation in this country, it can hardly be doubted that they represent the best extant information. We have only to congratulate Mr. Waite upon a notable contribution to the science of applied mathematics, using the term without the usual academic restrictions.

AFTER-CARE ASSOCIATION.

THE annual meeting of this association, which has for its objects: (1) The care of poor patients, discharged recovered from asylums for the insane, till convalescence is firmly established; (2) finding them suitable employment when fit for it; and (3) providing clothes, tools, etc., when needed, was held on February 8th, at 25, Cavendish Square, on the kind invitation of Sir Victor and Lady Horsley. Mr. H. D. Greene, K.C., presided over a crowded meeting, and from the point of view of his official experience as an Honorary Commissioner in Lunacy set forth and commended the beneficent work of the society, which he said was indispensable to supplement the asylum treatment of lunatics, as after-care prevented relapses and protected society from the disastrous consequences of an imperfect mental convalescence. His only criticism was that so universally useful a society should make its claims to public support better known; and with this object he would be glad to give financial aid in the matter of judicious advertising. He had pleasure in moving the adoption of the report, which had been previously presented by the Secretary, Mr. H. Thornhill Roxby. The Bishop of Barking, in seconding the motion, referred to personal experiences in visiting large asylums in his own district, especially that at Claybury, where he found patients on the eve of discharge gratefully appreciating the aid which this association had promised to give them. Homes to confirm convalescence were perhaps more needed in cases of mental than of bodily disease. Dr. G. H. Savage, in supporting, said that the association was most useful, but suffered from want of recognition and want of funds. Patients often had to be discharged from asylum care in a mental condition which might be designated sane but not sound. In such cases the After-Care Association stepped in to assure established recovery. Much tact was needful in dealing with such cases, and the executive officers of the society deserved great credit for the personal attention they gave to each. The resolution was supported also by the Rev. Dr. Woods, Master of the Temple, who referred to the loving after-care exercised there in the cases of the poet Cowper and the sister of Charles Lamb, and by Dr. Percy Smith, and unanimously adopted. Dr. Hubert Bond, Dr. Stoddart, and others took part in proposing the re-election of the committee (with the addition of Sir George O'Farrell, M.D., and Dr. Stoddart), and votes of thanks to the

chairman and to the host and hostess closed the proceedings. The office of the association is at the Church House, Dean's Yard, Westminster.

THE CORONERS COMMITTEE.

THE third part of the Second Report of the Departmental Committee appointed to inquire into the law relating to coroners and coroners' inquests, and into the practice in coroners' courts, has just been issued. It consists of further evidence and a number of appendices. Dr. William Henry Perkin, F.R.S., Professor of Chemistry in the University of Manchester, gave evidence a second time as to the conditions in which flannelette ignites. He attributes some of the dangers of the substance to the fact that very often the natural moisture of flannelette has been diminished by its having been near a fire, and thus having been, so to speak, artificially treated for the purpose of catching alight. He agreed that the danger of flannelette depends greatly on the closeness of weaving and the length and closeness of the nap. The witness handed in a copy of a bill prepared at the request of himself and Mr. Whipp by Mr. M. J. Riley, providing for the application of tests to all flannelette in regard to resistance to fire. Among the appendices is a report of the examination of the samples of flannelette referred to the Government laboratory by the coroners, with memoranda on the whole subject by Professor Perkin, Mr. Riley, Mr. C. H. Whipp, Mr. S. Bradbury, and criticisms of the evidence given by these witnesses and Mr. Sachs by Mr. A. M. Jones and Mr. W. Heap. Another appendix consists of a report of fire tests with textiles ("Non-flam" flannelette, ordinary flannelette, "Union flannel") carried out by the British Fire Prevention Committee. Another appendix contains the questions addressed to the coroners of England and Wales, with a summary and analysis of the replies received. Another consists of a memorandum presented on behalf of the London County Council by Mr. J. Ollis on the appointment of county coroners, the arrangement of their districts, the provision of coroners' courts, the payment of the salaries and disbursements of coroners, and generally on such matters as arise in connexion with the holding of inquests, and do not appertain to the province of coroner or a department under the Crown. An appendix of special interest is a memorandum presented on behalf of the British Medical Association. This memorandum is in four parts, dealing respectively with death certification and registration; with the law affecting coroners and the procedure of coroners and coroners' courts; with the question of inquiry into deaths during anaesthesia; and with the question of the necessity for inquiry into deaths following surgical operations. Among the remaining appendices is a return for England and Wales of deaths of persons whilst under the influence of anaesthetics which were reported to the coroner during the year 1908. The last appendix is a letter submitted by the Institute of Journalists, giving reasons why the proceedings of coroners' courts should be public "in the same practical and effective manner as the proceedings of the High Court and of other local bodies are public." Some of the points touched upon in the various memoranda published as appendices to the report will be dealt with in later issues of the BRITISH MEDICAL JOURNAL.

AN AMERICAN MEDICO-POLITICAL REFORM LEAGUE.

IT is announced that a number of Chicago practitioners have formed themselves into an organization under the name of the American Medico-political Reform League, for the purpose of "correcting abuses in the medical profession, securing political

representation and a general betterment of conditions for physicians and surgeons." The principal objects of the league, as set forth in the charter, are: "To procure the establishment of a national bureau of health, divorced from politics; the establishment of a uniform standard of medical requirements in the several States of the Union; encouragement and co-operation with all movements and legislation for food reform which shall be fair and impartial and founded on scientific premisses; encouragement of political preferment of physicians as tending to secure just representation for the profession; encouragement of measures for the correction of hospital and dispensary abuses of charity."

ROYAL VICTORIA INFIRMARY, NEWCASTLE-UPON-TYNE.

THE dispute between the honorary medical and surgical staff and the House Committee, arising out of the adoption of a report presented by the chairman of the In-patients' Admission Committee, in which was contained matter reflecting upon the honour of the staff, has been brought to a satisfactory close by the House Committee rescinding the resolution adopting the report, and unreservedly withdrawing the report of the In-patients' Admission Committee and the printed matter relating thereto. Steps will be taken by a conjoint body of the House Committee and the honorary staff to inquire into conditions prevailing at other infirmaries and to prepare a report accordingly.

WE regret to hear that that veteran member of the medical profession in Edinburgh, Dr. Joseph Bell, was taken seriously ill on Sunday last. We are glad to learn that on Wednesday morning he was slightly better.

THE British Association for the Advancement of Science will hold its annual meeting this year at Portsmouth on August 30th and following days under the presidency of Sir William Ramsay. Professor J. S. Macdonald is president of the section of physiology and Dr. W. H. R. Rivers of that of anthropology.

AT a meeting of the Medical Society of London held on January 23rd the President, Mr. Charters J. Symonds, announced that the Fothergillian gold medal, given triennially, had been awarded to Dr. F. W. Mott, F.R.S., for his researches on the nervous system, especially in connexion with syphilis.

Medical Notes in Parliament.

Private Members' Bills.—The postponement of all private members' chances for passing Bills till after Easter, and the allocation to them of seven Wednesdays and seven Fridays before Whitsuntide only, with the usual two days after Whitsuntide for the measures which have won approval in the House, have deprived Parliamentary work this session of much interest. The bills introduced by private members are usually pioneer bills dealing with social questions, and always educational in their influence on debate. In spite, however, of the minimizing of their opportunities in consequence of the pressing nature of public business, more than 350 members entered for the ballot. Mr. S. Phillips, an Irish member, drew first place, and the others in order of luck were Sir George Kemp, Mr. Goulding, Mr. Remnant, Captain Jessel, Major George Stanley, Mr. Carr-Gomm, Mr. Maclean, Mr. Watson Rutherford, Lord Woolmer, Mr. Whitehouse, and Sir Frederick Low. As it was generally understood that the Irish members out of a desire to help the Government to pass the Parliament Bill, would not take up any time with private bills, the appear-

ance of Mr. Phillips's name caused some astonishment. It was anxiously canvassed whether he could be enlisted to bring in a bill for the Labour Party, who had drawn no place, but after a time it was found that the Irish member had no desire to introduce any bill; he had intended to ballot for places in the Ladies' Gallery, and somehow or other had got into the wrong ballot box and come out first. On Thursday the bills were brought in, and Sir George Kempe introduced the Women's Enfranchisement Bill and put it down for May 5th. Mr. Goulding took second choice, April 28th, with a bill to amend the Aliens Act, Mr. Remnant followed with a proposal to prevent the importation of goods manufactured under sweated conditions, and Captain Jessel selected May 19th to amend the Old Age Pensions Act. Of a total of twenty-five bills introduced few have any chance of success; but some are of interest, such as Mr. Carr-Gomm's London Poor Law Bill, a bill to limit the hours of asylum officers and servants and to amend the Asylum Officers' Superannuation Act introduced by Lord Woolmer; the Veterinary Surgeons Act Amendment Bill; two Cottage Homes Bills, and the Public Health Act Water Rights Bill introduced by Mr. Leif Jones. Two other bills, the Nurses Registration Bill and the Death Registration and Burials Bill, in both of which a good deal of interest is taken, will have to be introduced and take their chance as ordinary measures, as their promoters were unlucky in the ballot.

Rebate on Motor Spirit (Medical Practitioners).—Mr. Ginnell asked the Secretary to the Treasury if he would say why the rebate of motor spirit duty to which medical practitioners are entitled under the Finance (1909-10) Act, 1910, had not yet been paid in Ireland in respect of 1909 or 1910 in cases in which the claim had been duly made, accompanied by vouchers; if, to entitle them to the rebate, medical practitioners were required to prove that manufacturer and dealer had also paid the duty, and furnished with power to obtain this information; and when would the rebate due in respect of the last two years be paid. The Financial Secretary to the Treasury replied that if the hon. member would furnish the Commissioners of Customs and Excise with the names and addresses of any medical practitioners in Ireland who had claimed but had not been paid rebate, inquiry would be made into the circumstances in each instance. Medical practitioners and other claimants for rebate were not required to prove that manufacturers of and dealers in motor spirit had paid the duty. The inquiries as to the validity of the vouchers or certificates attached to the claims were made by officers of Customs and Excise.

The Plague: Heroism of European Doctors.—On Monday Mr. Allan Baker asked the Secretary of State for Foreign Affairs if he could say what precautions were being taken by the Chinese Government to ensure the safety of European doctors working in the plague district of Harbin. Mr. McKinnon Wood replied that His Majesty's Minister at Peking reported that all the doctors had been inoculated with Haffkine's vaccine. They were comfortably installed in a railway car, with the exception of one who was living with the British consul. The Chinese Government had done their utmost for the personal comfort of the doctors, whose private letters showed appreciation of their considerate treatment. They wore masks, oilskin boots, and complete overalls when dealing with cases of plague. The French doctor (Mesny), who was not inoculated, became infected owing to a patient coughing in his face while examining him unmasked. Dr. Jackson, the British doctor, died after continuous hard work among a crowd of infected coolies. It was believed that he was too exhausted to maintain proper precautions. The heroism of the doctors, Sir John Jordan reported, was beyond praise.

The Destruction of Rats.—Captain Clay asked the President of the Local Government Board whether the Government were prepared to introduce legislation authorizing local authorities to take such measures