

with coroners' inquests. Many coroners are scrupulously just to medical practitioners, but some (and more coroners' juries) treat medical witnesses and medical evidence in a manner which is neither considerate nor just. No reference was made to an important case which is still proceeding, because the report related only to the work of 1923, but a case was described in which a district medical officer was asked by the relieving officer to see an alleged lunatic. The medical officer found that the man had delusions concerning attempts to poison him, and that there was evidence that he had sharpened a knife with which he declared he would kill another. The medical officer therefore certified the man. Subsequently an agitation was started, much odium was stirred up against the medical officer, and an inquiry was instituted by the guardians. The medical officer was advised by the society to explain to the guardians that the man was clearly suffering from a form of insanity which rendered him dangerous to others; apparently this was done, and no occasion arose for further intervention by the society.

Sir JOHN ROSE BRADFORD, in moving the adoption of the report, referred to some length to the work of the standing joint committee with the Medical Defence Union, and announced that as a result of the case of Harnett v. Bond and Adam (in which the society undertook Dr. Adam's defence), and the anxiety which the decision in the lower court had aroused in the minds of the profession, it had been decided, after conference with the sister society, that the time had arrived for both organizations to take a further step with regard to the amount of indemnity that could be offered to individual members. The limit up to the present time had been £3,000, but both societies had now agreed to grant an indemnity of an unlimited amount. He trusted that this would lead to an increased membership, for the fact still remained that on the most favourable estimate not more than half the practitioners of the country were included in the membership of both the defence organizations. He went on to refer to other details of the year's work contained in the annual report, and expressed his thanks to the officers and council and staff.

Dr. C. M. FEGEN, the treasurer and chairman of the council, said that the balance now standing to the credit of the society was sufficient, should the society go into voluntary liquidation to-morrow, to return to every member the equivalent of about five years' subscriptions. When a society or business concern was able to show such a state of affairs its financial position was secured beyond all question. Nevertheless, the society had had very large expenses during the past year, and during the present year its expenses would be colossal, more particularly in respect to the case which was still *sub judice*. The President had overstated the position when he said that one-half the members of the profession belonged to one or other of the defence societies; actually, out of 47,000 practitioners, he doubted whether 20,000 belonged to a defence society. Therefore a very large number of medical men were carrying on their practices day after day with the sword of Damocles suspended over their heads. He wished to make it plain that the society did not defend a member when that member was in the wrong. Such a member was refused help at once. Not only that, but if among the members there was a notorious wrongdoer the council did not hesitate to use the power it possessed to remove such a man from the list. The society stood for the purity of the profession, but it stood also for the recognition of the true value of the medical man by the general public, and if the society could help it the medical man was not going to be blackmailed by any irresponsible person who thought he could do or omit to do anything he pleased because the medical man would not dare to take action.

After the report had been adopted, Sir John Rose Bradford was unanimously and with acclamation re-elected President, and, with similar compliments, Dr. C. M. Fegen treasurer, and Dr. Hugh Woods and Mr. A. G. R. Foulerton respectively general and financial secretaries. The four retiring members of council (Dr. P. N. Cave, Dr. R. L. Guthrie, Mr. R. Johnson, and Mr. E. C. Sprawson) were re-elected, and votes of thanks were accorded to those who had served the society with particular devotion during the year.

PREVALENCE OF SMALL-POX.

In the first seventeen weeks of 1924—in just under one-third of the year—there have been notified in England 1,424 cases of small-pox. The following table shows the returns week by week, as issued by the Registrar-General:

Notifications for the first seventeen weeks of 1924.

Week.	115	Week.	44	Week.	86
1	115	7	44	13	86
2	83	8	41	14	59
3	77	9	65	15	122
4	92	10	65	16	95
5	52	11	101	17	124
6	62	12	108		

Within the period covered by these figures the main prevalence of the disease has been in the counties of Derby (594 cases), Nottingham (275), Cumberland (136), the North Riding of Yorkshire (98), and Northumberland (90). In Derbyshire Chesterfield and its neighbourhood have been specially affected, but the disease has occurred in many urban and rural districts. The same remark applies to Nottinghamshire. In Gloucester city epidemic prevalence prior to 1923 has given place to an occasional notification, but the county has not been entirely free from the disease in any week of the seventeen. Cumberland was not invaded until early in March, so that the whole of its 136 cases have occurred in recent weeks. Cockermouth and Workington have been principally affected. In Northumberland also most of the cases have occurred only recently. In the North Riding, where Middlesbrough is the place attacked, there were no notifications until the latter part of February. A number of cases have also occurred in the counties of Leicester and Warwick, and in the West Riding.

Thus, while small-pox is diminishing in some places, it is invading new districts, and tends to spread rather in a northerly direction. On balance the prevalence in the country is very decidedly increasing, though London and the whole principality of Wales remain free from the infection. The following table shows that in the corresponding seventeen weeks of 1923 the notifications were only 655, as contrasted with 1,424 in 1924:

Notifications for the first seventeen weeks of 1923.

Week.	12	Week.	41	Week.	52
1	12	7	41	13	52
2	48	8	46	14	32
3	46	9	45	15	51
4	48	10	53	16	20
5	37	11	36	17	33
6	27	12	28		

In both years the disease has been of the mild or American type, with a very low fatality. The weekly returns of cases cannot, of course, include the corresponding deaths, but in the whole of 1923 they numbered only seven. It must be recollected that this increased prevalence as between 1923 and 1924 is only a continuation of what has been going on since 1917, the annual notifications in England and Wales having been as follows:

1917	7	1921	376
1918	63	1922	573
1919	311	1923	2,500
1920	283		

The spread of the infection is naturally causing much anxiety in invaded areas, and medical officers of health, as we read in local newspapers, are urging the adoption of the well known means of preventing and controlling the disease. A doctor in Whitehaven found that one case waiting to see him was suffering from small-pox, and he promptly took steps to have all the other persons in his surgery vaccinated before leaving the premises. Dr. Morrison, the county medical officer of Cumberland, has given an address to a meeting of sanitary inspectors and other officials on the value of vaccination, and has also been demonstrating at an isolation hospital the characters of mild small-pox to medical practitioners he had invited to meet him. In some places keen arguments are going on regarding hospital accommodation. Through it all, the fact remains incontrovertible that everyone who pleases can, by means of successful vaccination and revaccination, remain free from all anxiety regarding himself and his children as to risk of attack by small-pox. But in the absence of systematic vaccination and revaccination it is quite possible, perhaps even probable, that attenuated variola may become endemic in Britain. The indications, indeed, are strongly in that direction.