

the valuable aid of the Prince of Wales, Sir Douglas Galton went on to say that the organisation of the Congress had differed from that of former congresses in the increased number of sections into which it was divided. In proportion as the study of hygiene and demography became more elaborate, the classification must necessarily be more detailed, and the number of sections must either gradually increase or the sections must subdivide. Independently of the increased number of sections, it was found necessary to give two afternoons to the discussion of questions connected with the sanitation of our Indian Empire, which, for the first time in the history of these congresses, was represented by a large number of delegates. The native Princes of India evinced deep sympathy with the Congress, and he trusted that the interest which had been evoked in its object might lead to beneficial results in that great country. A principal object of the Congress was without doubt to afford to scientific men in different countries the opportunity of conferring together; but it had another and most important object—namely, to excite the interest of the community at large in the knowledge of the laws of health. The Prince of Wales the other day had asked the pertinent question—Why, if diseases are preventable, are they not prevented? The answer to that question was that, whilst an instructed minority might understand the importance of observing hygienic laws, a very large section of the community was careless of and indifferent to their observance, and, consequently, the portions of those laws which were individual and personal in their application were left a dead letter. Acts of Parliament were of little avail so long as the people they were framed to guide did not realise their value or importance, and it was quite certain that the only way to stamp out preventable disease was to educate every member of the community to feel the importance of the laws of health. They had endeavoured to make the Congress useful and agreeable to those who had honoured it with their presence. The success was mainly due to the Secretary-General (Dr. Poore), the Foreign Secretary (Dr. Corfield), and, as far as India was concerned, to the energy of Mr. Digby. The excellence of the social arrangements was entirely due to Mr. Malcolm Morris. If there had been shortcomings the Organising Committee much regretted them. The only apology they could offer was that a voluntary organisation suddenly created to fulfil the requirements of the moment might have been somewhat strained at first by the number who appeared on Monday morning.

Dr. G. V. POORE, the hon. secretary-general, read the various resolutions that had been passed by the different sections.

Professor W. H. CORFIELD stated that at a meeting of the Permanent Committee, which was held on Friday, it had been resolved that, as the next meeting of the International Medical Congress was to be held in Rome in 1893, it was undesirable that a meeting of the Hygiene and Demography Congress should be held in the same year, and that, therefore, their next meeting should be postponed until 1894. The committee had received two invitations from different places for their next meeting—an official one from the authorities of Buda-Pesth from Mr. Körösi for 1892 or 1894; and an unofficial one from Dr. Hewitt, of Minnesota, asking that the Congress should be held in Chicago in 1893 at the time when the International Exhibition was to be held there. The committee had decided to accept the invitation from Buda-Pesth, at the same time thanking Dr. Hewitt, as they thought that it would not be desirable that the Congress should be held twice in succession in English-speaking countries.

The CHAIRMAN moved the following resolution: "That this Congress accepts with cordial satisfaction the invitation of the authorities of Budapest to hold the next meeting of the Congress in that city in 1894. That the Permanent Committee of Hygiene and Demography be re-elected, with the addition of Professor Födör and Professor van Overbeck de Meyer for Hygiene, and Dr. E. Janssens and Mr. Joseph Körösi for Demography, with power to add to their number."

Dr. OGLE (London) seconded the resolution.

The resolution was carried.

Mr. Körösi thanked the Congress for the great honour they had done Buda-Pesth in accepting the invitation of that city to meet there in 1894.

Dr. POORE announced that Dr. Körösi had offered a prize of 1,500 francs for the best work on the object of demography and

its progress in the chief countries of Europe and the United States. Essays, which may be written in English, German, French, or Italian, must be sent by January 1st, 1894, to the Permanent Committee of the Congress. The name of the author is to be sent with it, but in a sealed envelope. The paper will be examined by an international committee of five statisticians elected by the Permanent Committee, but not necessarily members of it. The prize will be awarded at the opening meeting of the next Congress of Hygiene and Demography at Buda-Pesth.

The proceedings terminated with the usual formal votes of thanks.

The total number of members who attended the Congress was just over 2,700.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

UNIVERSITY COLLEGE HOSPITAL.

FIBROID POLYPUS OF UTERUS: DEATH UNDER ETHER.

(Under the care of Dr. HERBERT R. SPENCER, Assistant Obstetric Physician.)

[For the following notes we are indebted to Mr. Douglas Drew.]

L. B., aged 43, was suffering from a large sloughing fibroid of the uterus, and was rather anæmic.

July 30th. Patient was given gas and ether from Clover's small apparatus for about half an hour, for the purpose of examining the tumour. She took it well, but did not require as much as usual to keep her under.

August 1st. Gas and ether were administered for two and a-half hours, during which time a portion of the tumour was removed *per vaginam*.

August 3rd. Patient was in a rather weak state.

The pulse was between 120 and 130, small and very readily compressible. The temperature was above normal. On the previous night it was 102.4° F. The chest was examined on the night before the final operation, but nothing abnormal found.

The patient was at first given nitrous oxide gas, from Clover's small apparatus. Ether was gradually turned on. She took the anæsthetic readily, breathing well; and, as on the previous occasion, required very little. At no time did she have more than half ether, and during the greater part of the time she was taking a little over the quarter, the mask being removed frequently.

After about 15 minutes the breathing became rather shallow the pulse keeping the same as at the start. The administration was therefore stopped. For about the next 5 to 7 minutes the breathing and the pulse remained about the same, and the face was pale; but at the end of that time the breathing became gradually shallower and gasping, but the pulse held out, although feeble.

Artificial respiration was started to assist the voluntary movement, the head being lowered. Brandy was given *per rectum*, but the voluntary respiratory movement became slower and weaker. The pulse did not fail until respiration had almost ceased.

The face was pale throughout, but just before artificial respiration was started there was some cyanosis about the lips. There was no obstruction to the entrance of air into the chest.

Artificial respiration was continued for about 10 minutes, at the end of which time no heart sounds were audible.

About 3j of ether was used.

A CASE under the Infectious Diseases (Notification) Act came recently before the Truro magistrates, when Henry Peters was summoned for not giving notice of having an inmate in his house suffering from scarlet fever, contrary to the provisions of the Act. The defendant was fined 5s., and 13s. 6d. costs.