

SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, AUGUST 19TH, 1911.

CONTENTS.

ASSOCIATION INTELLIGENCE, ETC.

	PAGE		PAGE
Proceedings of Council:			
<i>Monday, July 24th.</i> —Apologies.—Representative Meeting.— Reports of Committees: Science Committee; Irish Com- mittee; Therapeutic Committee.—Annual Meeting, 1913. —Candidates	305	Meetings of Branches and Divisions:	
<i>Special Meeting.</i> —Minutes of Special Representative Meeting	306	East Anglian Branch	307
<i>Wednesday, July 26th.</i> —Apologies.—Returns of the Election of Members of Council by the Representative Meeting.— Meetings of Council.—Representative Meeting Minutes.— State Sickness Insurance Committee.—The Lord Mayor of Birmingham.—Constitution of Committees, 1911-12: Finance Committee; Organization Committee; Journal Committee; Central Ethical Committee; Public Health Committee; Hospitals Committee; Naval and Military Committee; Colonial Committee; Arrangements Committee; Science Committee; Medico-Political Committee.—Continuation and Reappointment of Committees	306	Glasgow and West of Scotland Branch: Dumbartonshire and Argyllshire Division	308
		Lancashire and Cheshire Branch: Bury Division	308
		Manchester Central Division	308
		Metropolitan Counties Branch: Chelsea Division	309
		St. Pancras and Islington Division	309
		North of England Branch	309
		Southern Branch: Salisbury Division	309
		South Midland Branch: Bedford and Herts Division	309
		Northamptonshire Division	309
		South Wales and Monmouthshire Branch: Monmouthshire Division	310
		Yorkshire Branch: Halifax Division	310
		Huddersfield Division	310
		Gibraltar Branch	310
		Griqualand West Branch	311
		South African Committee	312
The Annual Exhibition of Foods, Drugs, Instruments, Books, and Sanitary Appliances. —SECOND NOTICE	312	NAVAL AND MILITARY APPOINTMENTS	319
ASSOCIATION NOTICES	312	VACANCIES AND APPOINTMENTS	320
HOSPITALS AND ASYLUMS	317	BIRTHS, MARRIAGES, AND DEATHS	320
VITAL STATISTICS	317	DIARY FOR THE WEEK	320
		PUBLISHERS' ANNOUNCEMENTS	320
NATIONAL INSURANCE.			
CORRESPONDENCE	314	THE FRIENDLY SOCIETIES	315
IRELAND	315	QUESTIONS IN PARLIAMENT	316

Association Intelligence.

PROCEEDINGS OF COUNCIL.

A MEETING of the Council was held, by kind permission of the Lord Mayor, in the City Council Chamber, Birmingham, on Monday, July 24th, 1911.

Present:

Dr. J. A. MACDONALD, Taunton, Chairman of Council,
in the Chair.

Professor ROBERT SAUNDBY, M.D., LL.D., Birmingham,
President-Elect.

Dr. EWEN J. MACLEAN, Cardiff, Chairman of Representative
Meetings.

Dr. EDWIN RAYNER, Stockport, Treasurer.

Surgeon-General P. H. BENSON, M.B., I.M.S., Walmer (Indian Branches)	Dr. J. R. HAMILTON, Hawick
Dr. R. C. BUIST, Dundee	Mr. HERBERT JONES, Hereford
Dr. W. A. CARLINE, Lincoln	Mr. F. C. LARKIN, Liverpool
Mr. ANDREW CLARK, D.Sc., K.H.S., London	Mr. ALBERT LUCAS, Birming- ham
Dr. MICHAEL DEWAR, Edin- burgh	Dr. JOHN MACDONALD, South Shields
Mr. E. J. DOMVILLE, Exeter	Dr. D. J. MACKINTOSH, M.V.O., Glasgow
Dr. J. E. EDDISON, Leeds	Dr. B. H. NICHOLSON, Col- chester
Mr. C. E. S. FLEMING, Bradford-on-Avon	Dr. FRANK M. POPE, Leicester
Mr. T. W. H. GARSTANG, Atrincham	Dr. LAURISTON E. SHAW, Lon- don
Dr. W. GOSSE, Teignmouth	Mr. C. R. STRATON, Wilton
Dr. T. D. GREENLEES, Lon- don, Cape of Good Hope, Eastern, Western, and Border Branches	Dr. J. H. TAYLOR, Salford
	Dr. D. F. TODD, Sunderland
	Mr. T. JENNER VERRALL, Bath
	Mr. D. J. WILLIAMS, Llanelly

APOLOGIES.

Letters of apology for non-attendance were read from
Inspector-General Bentham, R.N., Sir Henry Butlin,
Dr. David Ewart, Dr. Major Greenwood, Mr. Hugh Ker,
Dr. F. W. Kidd, Mr. Edmund Owen, and Dr. Rice-Oxley.

[382]

REPRESENTATIVE MEETING.

The CHAIRMAN OF REPRESENTATIVE MEETINGS presented the Minutes of the Representative Meetings held on Friday, July 21st, and Saturday, July 22nd, 1911, which were considered and approved.

REPORTS OF COMMITTEES.

SCIENCE COMMITTEE.

The CHAIRMAN (Dr. Pope) presented the Report of the Science Committee.

Dr. William Nicoll was reappointed Ernest Hart Memorial Scholar for a further period of one year; and Dr. R. T. St. John Brooks, Dr. Alfred J. Clark, and Dr. Alexander P. Mitchell were appointed Research Scholars for a period of one year.

Renewed grants for the promotion of scientific research were made as follows:

	£	s.	d.
Boycott, A. E., B.Sc., M.D.	25	0	0
Farrant, Rupert, F.R.C.S.	10	0	0
Halliburton, Professor W. D., M.D., F.R.S.	25	0	0
Lewis, Thomas, M.D.	30	0	0
Orr, David, M.D.	20	0	0
Ryffel, J. H., B.C.	10	0	0
Wilson, S. A. K., M.A., M.B.	30	0	0
	£150	0	0

New grants for the promotion of scientific research were made as follows:

	£	s.	d.
Barnes, A. E., M.B.	10	0	0
King, W. W., M.B.	20	0	0
Chisolm, R. A., M.B.	25	0	0
Coplands, Myer, M.D.	20	0	0
Cowell, E. M., M.D.	20	0	0
Cushny, Arthur R., M.D., F.R.S.	10	0	0
Donaldson, R., M.B.	20	0	0
Flack, Martin, M.B.	20	0	0
Goodhart, Gordon, M.B.	10	0	0
Gray, A. M. H., M.D.	20	0	0
Groves, E. W. Hey, F.R.C.S.	10	0	0
Kennaway, E. L., M.B.	15	0	0
Pembrey, M. S., M.D.	15	0	0
	£200	0	0

IRISH COMMITTEE.

The CHAIRMAN OF COUNCIL presented the Report of the Irish Committee, and the consideration of certain Recommendations were deferred until the next meeting of the Council.

THERAPEUTIC COMMITTEE.

Dr. POPE presented the Report of the Therapeutic Committee.

The Council having decided not to reappoint a Therapeutic Committee, provision was made for the continuance of those investigations not yet completed.

ANNUAL MEETING, 1913.

The Chairman of Council reported that at a full meeting of the Brighton Division, held on July 13th, it was unanimously decided that the Brighton Division offer a cordial invitation to the British Medical Association to hold the Annual Meeting in Brighton from Friday, July 18th, to Saturday, July 26th, 1913, and that in the event of the invitation being accepted, the Division nominated William Ainslie Hollis, M.A., M.D., F.R.C.P., of Brighton, as President-Elect for that year.

The CHAIRMAN OF COUNCIL reported that he had also been in correspondence with the Norwich Division as to a possible invitation from Norwich for that year.

It was resolved to thank the Brighton Division for its kind invitation for the year 1913, and to record the invitation on the minutes for future reference.

CANDIDATES.

The four candidates whose names appeared on the notice convening the Meeting were duly elected Members of the British Medical Association.

SPECIAL MEETING.

A SPECIAL MEETING of the Council was held at the Midland Institute, Birmingham, on Monday evening, July 24th, at 6.30 o'clock.

PRESENT:

The same Members were present as at the morning Meeting, with the addition of Dr. J. Grant Andrew, Mr. J. Henry Ewart, Dr. E. W. Goodall, and Sir Victor Horsley, F.R.S.

MINUTES OF SPECIAL REPRESENTATIVE MEETING.

The Chairman of the Representative Body presented the Minutes of the Special Representative Meeting held at Birmingham the same day, which were considered clause by clause and approved.

A MEETING of the Council was held in the City Council Chamber, Birmingham (by kind permission of the Lord Mayor), on Wednesday, July 26th, 1911.

Present:

Dr. J. A. MACDONALD, Taunton, Chairman of Council, in the Chair.

Professor ROBERT SAUNDBY, M.D., LL.D., Birmingham, President.

Dr. EWEN J. MACLEAN, Cardiff, Chairman of Representative Meetings.

Dr. EDWIN RAYNER, Stockport, Treasurer.

Dr. J. GRANT ANDREW, Glasgow
Surgeon-General P. H. BENSON, Sir VICTOR HORSLEY, F.R.S.,
M.B., I.M.S., Walmer (Indian
Branches)

Dr. R. C. BUIST, Dundee

Dr. W. A. CARLINE, Lincoln

Dr. J. S. DARLING, Lurgan

Dr. MICHAEL DEWAR, Edin-

burgh

Mr. E. J. DOMVILLE, Exeter

Dr. J. E. EDDISON, Leeds

Mr. J. H. EWART, Eastbourne

Mr. C. E. S. FLEMMING, Brad-

ford-on-Avon

Mr. T. W. H. GARSTANG, Al-

trincham

Dr. E. W. GOODALL, London

Dr. W. GOSSE, Teignmouth

Dr. T. D. GREENLEES, London

(Cape of Good Hope, etc.,
Branches)

Dr. J. R. HAMILTON, Hawick
Sir VICTOR HORSLEY, F.R.S.,
London

Dr. R. J. JOHNSTONE, Belfast

Mr. HERBERT JONES, Hereford

Dr. J. H. KEAY, London

Mr. F. C. LARKIN, Liverpool

Mr. ALBERT LUCAS, Birming-

ham

Dr. D. J. MACKINTOSH, M.V.O.,
Glasgow

Dr. B. H. NICHOLSON, Col-

chester

Dr. FRANK M. POPE, Leicester

Dr. LAURISTON E. SHAW,
London

Mr. C. R. STRATON, Wilton

Dr. J. H. TAYLOR, Salford

Dr. D. F. TODD, Sunderland

Mr. T. JENNER VERRALL, Bath

Mr. D. J. WILLIAMS, Llanelly

APOLOGIES.

Letters of apology for non-attendance were read from Inspector-General Bentham, R.N., Sir Henry Butlin, Mr. Andrew Clark, Dr. David Ewart, Dr. Major Greenwood, Dr. F. W. Kidd, Dr. John Macdonald, Dr. Rice-Oxley, and Professor A. H. White.

RETURNS OF THE ELECTION OF MEMBERS OF COUNCIL BY THE REPRESENTATIVE MEETING.

(a) Elected by the Groups.

The CHAIRMAN OF REPRESENTATIVE MEETINGS reported the Returns of the Election by the Representative Meeting of Members of Council as follows: Dr. J. Grant Andrew, Dr. W. A. Carline, Dr. J. Singleton Darling, Dr. Michael Dewar, Mr. C. E. S. Flemming, Mr. T. W. H. Garstang, Dr. E. W. Goodall, Dr. W. Gosse, Dr. J. H. Keay, Dr. John Macdonald, Dr. H. Jones Roberts, and Professor A. H. White.

(b) Service Members.

Inspector-General Bentham, R.N., Surgeon-General J. P. Greany, I.M.S., Lieutenant-Colonel F. W. H. Davie Harris, R.A.M.C.

(c) Elected Members.

Dr. R. C. Buist, Mr. Andrew Clark, Dr. E. R. Fothergill, and Mr. T. Jenner Verrall.

MEETINGS OF COUNCIL.

The Council decided that the Quarterly Meetings of Council should be November 1st, January 31st, May 1st, and July 3rd.

REPRESENTATIVE MEETING MINUTES.

The CHAIRMAN OF REPRESENTATIVE MEETINGS presented the Minutes of the Representative Meetings held on Monday, July 24th, and Tuesday, July 25th, 1911, which were considered and approved.

STATE SICKNESS INSURANCE COMMITTEE.

The State Sickness Insurance Committee, with the addition of Dr. Todd of Sunderland, and Dr. Craig of Crowdenbeath, was reappointed until the November Meeting of Council, and the reference to the Committee was continued with authority to take any necessary action in the meantime.

THE LORD MAYOR OF BIRMINGHAM.

A cordial vote of thanks was accorded to the Lord Mayor of Birmingham for placing the Council Room at the disposal of the Association on the occasion of the Seventy-ninth Annual Meeting.

CONSTITUTION OF COMMITTEES, 1911-12.

Pursuant of the following Resolution of Council of July 26th, 1911—

Resolved: That the Chairman of Council be authorized to arrange for the election of the Council Representatives upon Standing Committees by post, circulating for this purpose the individual nominations and the report of the Election Returns Committee.

—the Chairman issued voting papers to the members of Council, with the following result.

The President, Chairman of Representative Meetings, Chairman of Council, and Treasurer are *ex-officio* members of all committees.

FINANCE COMMITTEE.

The *Ex-officio* Members:

The Chairman of each of the following Committees: Organization, Journal, Science, Medico-Political, and Central Ethical.

Elected by the Annual Representative Meeting:

Mr. J. Henry Ewart, Eastbourne.
Dr. R. L. Langdon-Down, Hampton Wick.
Dr. David Lawson, Banchoy, N.B.
Dr. Milner Moore, Coventry.

Elected by the Council:

Dr. W. A. Carline, Lincoln.
Mr. Andrew Clark, Uxbridge.
Mr. E. J. Domville, Exeter.
Sir Victor Horsley, F.R.S., London.

ORGANIZATION COMMITTEE.

The *Ex-officio* Members.*Elected by the Annual Representative Meeting :*

Mr. Russell Coombe, Exeter.
Mr. T. W. H. Garstang, Altrincham.
Dr. James Metcalfe, Bradford.

Elected by the Council :

Mr. Andrew Clark, Uxbridge.
Dr. E. W. Goodall, London.
Mr. F. C. Larkin, Liverpool.

JOURNAL COMMITTEE.

The *Ex-officio* Members.*Elected by the Annual Representative Meeting*

Dr. R. C. Buist, Dundee.
Dr. C. J. Whitby, Bath.
Dr. F. E. Wynne, Leigh.

Elected by the Council :

Sir Henry T. Butlin, Bart., London.
Mr. Albert Lucas, Birmingham.
Mr. T. Jenner Verrall, Bath.

CENTRAL ETHICAL COMMITTEE.

The *Ex-officio* Members.*Elected by the Annual Representative Meeting :*

Dr. A. G. Bateman, London.
Dr. Bruce Goff, Bothwell, N.B.
Dr. J. H. Keay, London.
Dr. R. L. Langdon-Down, Hampton Wick.
Dr. J. Neal, Birmingham.
Mr. C. R. Straton, Wilton.

Elected by the Council :

Dr. J. H. Ewart, Eastbourne.
Dr. W. Gosse, Teignmouth.
Dr. P. G. Lee, Cork.
Dr. Lauriston E. Shaw, London.
Mr. D. J. Williams, Llanelly.

PUBLIC HEALTH COMMITTEE.

The *Ex-officio* Members.*Elected by the Annual Representative Meeting :*

Dr. A. G. R. Cameron, Worthing.
Dr. R. A. Lyster, Winchester.
Dr. A. M. N. Pringle, Ipswich.

Elected by the Council :

Mr. E. J. Domville, Exeter.
Mr. Herbert Jones, Hereford.
Dr. J. H. Keay, London.

HOSPITALS COMMITTEE.

The *Ex-officio* Members.*Elected by the Annual Representative Meeting :*

Dr. T. Bushby, Liverpool.
Dr. David Blair, Lancaster.
Dr. J. H. Keay, Greenwich.
Dr. H. C. Mactier, Wolverhampton.
Dr. G. Parker, Bristol.
Dr. F. G. Swayne, Norwood.

Elected by the Council :

Dr. David Ewart, Chichester.
Mr. R. J. Johnstone, Belfast.
Colonel Joubert de la Ferté, Weybridge.
Dr. D. J. Mackintosh, M.V.O., Glasgow.
Dr. A. J. Rice-Oxley, London.
Dr. Lauriston E. Shaw, London.

NAVAL AND MILITARY COMMITTEE.

The *Ex-officio* Members :

The Representatives on the Council of the Royal Navy Medical Service, the Army Medical Service, and the Indian Medical Service, namely: Inspector General Robert Beatham, R.N., Lieutenant-Colonel F. W. H. Davie Harris, R.A.M.C., Surgeon-General J. P. Greany, I.M.S., respectively.

Elected by the Annual Representative Meeting :

Lieutenant-Colonel R. H. Coombs, Bedford.
Mr. A. C. Mayo, Great Yarmouth.

Elected by the Council :

Surgeon-General P. H. Benson, I.M.S. (ret.), Walmer.
Colonel Joubert de la Ferté, I.M.S., Weybridge.

COLONIAL COMMITTEE.

The *Ex-officio* Members :

The Members of the Council who represent Colonial Branches, viz.: Surgeon-General P. H. Benson, I.M.S., and Dr. David Ewart.

Elected by the Annual Representative Meeting :

Dr. T. D. Greenlees, London.
Mr. D. R. Powell Evans, London.

Elected by the Council :

Mr. Andrew Clark, Uxbridge.
Mr. Edmund Owen, London.

ARRANGEMENTS COMMITTEE.

The *Ex-officio* Members.*Elected by the Council :*

Dr. John R. Hamilton, Hawick, N.B.
Mr. F. C. Larkin, Liverpool.
Mr. Albert Lucas, Birmingham.
Dr. F. M. Pope, Leicester.
Dr. Lauriston E. Shaw, London.
Professor A. H. White, Dublin.

(And six Members to be appointed by the local Executive.)

SCIENCE COMMITTEE.

The *Ex-officio* Members.*Elected by the Council :*

Professor W. E. Dixon, F.R.S., Cambridge.
Dr. E. W. Goodall, London.
Dr. J. S. Haldane, F.R.S., Oxford.
Mr. F. C. Larkin, Liverpool.
Dr. C. J. Martin, F.R.S., London.
Dr. F. M. Pope, Leicester.
Professor Ralph Stockman, Glasgow.
Professor A. H. White, Dublin.

MEDICO-POLITICAL COMMITTEE.

The *Ex-officio* Members.*Elected by the Annual Representative Meeting :*

Dr. Michael Dewar, Edinburgh.
Dr. E. R. Fothergill, Brighton.
Mr. W. J. Greer, Newport (Mon.).
Dr. Wallace Henry, Leicester.
Dr. J. H. Taylor, Salford.
Dr. D. F. Todd, Sunderland.

Elected by the Council :

Mr. C. E. S. Flemming, Bradford-on-Avon.
Mr. T. W. H. Garstang, Altrincham.
Dr. Major Greenwood, London.
Mr. R. J. Johnstone, Belfast.
Mr. C. R. Straton, Wilton.
Mr. T. Jenner Verrall, Bath.

CONTINUATION AND REAPPOINTMENT OF COMMITTEES.

The Fractures and Special Poor Law Reform Committees are continued in office until the November Meeting of the Council with the same references respectively.

Dr. Todd of Sunderland and Dr. Craig of Cowdenbeath were added to the State Sickness Insurance Committee, which was reappointed by the Council on July 26th.

Meetings of Branches & Divisions.

[The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the JOURNAL.]

EAST ANGLIAN BRANCH.

A GENERAL meeting of the above Branch was held at the Norfolk and Norwich Hospital on July 13th, over 100 members being present, in addition to Mr. C. S. Tomes and several other visitors.

Business.—The minutes of the last meeting were read and confirmed, the report of the Council adopted, and the report of the election of officers and also the financial report adopted. The alteration in Rule 7 was agreed to, and it was agreed that the Ethical Rules be referred to the Ethical Committee for consideration. The report of the Council read as follows :

Annual Report.

The Council has the pleasure to report that the Branch is in a prosperous condition. Thirty-four new members have been elected during the year. On April 29th there were 454 members in the Branch, and last year on the same date 440 members, and 44 new members have been elected at the Council meeting to-day. The annual meeting was held at Thetford, under the presidency of Dr. Pembroke Minns. The meeting was largely attended, and was most successful. Luncheon was kindly given by the President and attended by about forty members. Dr. Minns read an address on Notes on Two Cases of Errors in Diagnosis. At the conclusion of the address a hearty vote of thanks was accorded to Dr. Minns, on the proposition of Dr. Slimon. Papers were also read by Dr. Joseph Griffiths, F.R.C.S. (Cambridge), on Fractures of the Ankle and their Treatment. The paper was illustrated by interesting specimens. Dr. H. H. Brown, of Ipswich, read a paper on Appendicitis and Some Points of Interest in Connexion with Operations. Dr. Bernard Batt read a paper on Sudden Death during or Immediately Following Labour.

The Council desires to express its warm thanks to Dr. and Miss Minns for their unbounded hospitality to every one present on the occasion of the annual meeting.

The autumn meeting was held at Hunstanton in September. Papers were read by Mr. D. K. Coutts on Cancer of Stomach, its Early Diagnosis and Treatment. Dr. Crook read a paper on *Ante-partum* Estimation of the Weight of the Fetus, and Mr. Ballance showed specimens of cancer of the uterus.

A special meeting of the Council was held at Ipswich in March, when the reports of the Divisions were considered and capitation grants were fixed. All the Divisions have been energetically at work in connexion with the National Insurance Bill.

The spring meeting was held at Framlingham in April, and interesting papers were read by Mr. Hamilton Ballance on Two Cases of Peptic Ulcer of the Jejunum following Gastro-enterostomy. Dr. Hollis, of Woodbridge, read notes of cases. It was resolved that the annual meeting in 1912 should be held at Brentwood, and that Dr. John Turner, of the Essex County Asylum, should be invited to become President of the Branch in 1912. Dr. Turner has replied in a kind letter accepting the honour.

The report as to the election showed that the following had been elected officers for the year 1911-12: *President*, Dr. Burton-Fanning (Norwich); *President-elect*, Dr. John Turner (Brentwood); *Vice-Presidents*, Dr. G. D. Thomson (Norwich), Dr. W. H. Slimon (Clacton-on-Sea), and Dr. Pembroke Minns (Thetford); *Secretary for Essex*, Dr. B. H. Nicholson (Colchester); *Secretary for Norfolk*, Mr. Hamilton A. Ballance (Norwich); *Secretary for Suffolk*, Dr. J. Gutch (Ipswich); *General Secretary and Treasurer*, Dr. B. H. Nicholson (Colchester).

Luncheon.—The meeting was then adjourned and luncheon taken at the Norfolk and Norwich Hospital at 1.30 p.m., by the kind invitation of the President-elect, Dr. F. W. Burton-Fanning, about 120 members and guests being present. The "Health of the King" was proposed by Dr. BURTON-FANNING. The "Health of Dr. Burton-Fanning" was proposed by Dr. BEVERLEY, and Dr. BURTON-FANNING replied.

The Retiring President.—On resumption of the meeting the new President, Dr. Burton-Fanning, was introduced by the retiring President, Dr. PEMBROKE MINNS, and the following resolution was agreed to unanimously:

That a hearty vote of thanks be accorded to Dr. Pembroke Minns for the very efficient way in which he has carried out duties pertaining to the office of President of the Branch during the year 1911, and that Dr. Pembroke Minns be hereby elected a Vice-President for three years.

This having been seconded by Dr. CAIE and duly passed, Dr. PEMBROKE MINNS responded, and thanked the members for their kindness during his term of office.

Appointment of Delegate.—On the motion of Mr. BALLANCE, seconded by Dr. MAYO, Dr. Beverley was appointed a delegate to represent the Branch at the International Conference on Tuberculosis to be held at Rome in September.

Division of the Branch.—Dr. THOMSON moved a resolution as to dividing the East Anglian Branch into two branches. The resolution was seconded by Mr. BALLANCE. Dr. GUTCH proposed as an amendment that the subject be deferred to the Divisions for their consideration. On a show of hands 45 voted for the amendment and 48 against, and therefore the resolution moved by Dr. Thomson was carried. It was agreed to refer the matter to a subcommittee composed of the following: Mr. H. A. Ballance, Dr. Nicholson, Dr. Gutch (Branch Secretaries).

The Annual Meeting.—Mr. BALLANCE submitted a letter from the Financial Secretary of the Association, Mr. Guy Elliston, containing a proposal to hold the Annual Meeting of the Association in Norwich in 1913. It was finally agreed that the matter be referred to the Branch Council for further consideration.

National Insurance Bill.—Mr. J. SMITH WHITAKER gave an address on the prospects of the medical profession under the National Insurance Bill, and the paper was discussed by Dr. EDGAR BARNES, Dr. COOPER PATTIN, Dr. CAIE, Dr. MAYO, and Dr. GUTCH; and on the proposition of Dr. DAY, seconded by Sir ALAN REEVE MANBY, a vote of thanks was unanimously accorded Mr. Smith Whitaker for his able address. Mr. SMITH WHITAKER replied.

Tea.—Afternoon tea, to which members were invited to bring ladies, was partaken of at 4.30 p.m. in the grounds of the Norfolk and Norwich Hospital, by the kind invitation of Dr. and Mrs. Burton-Fanning. Instruments, etc., were shown by Messrs. Allen and Hanburys.

GLASGOW AND WEST OF SCOTLAND BRANCH:

DUMBARTONSHIRE AND ARGYLLSHIRE DIVISION.

A GENERAL meeting of the Division was held in Dr. Hunter's house, Millig, Helensburgh, on Thursday, July 20th, when the following members were present: Drs. A. Allan, Jas. Wilson, A. Robertson, and A. D. McLachlan (Dumbarton), Drs. J. McEwan, J. Ewing Hunter, J. Gordon Ingram, and Wm. Semple Young (Helensburgh), Dr. J. R. F. Cullen (Alexandria), and Dr. J. Stirling Robertson (Clydebank). Apologies for absence were received from Drs. Thomson (Kintyre), Edgar (Lochgoilhead), Sutherland (Cardross), McRitchie (Garelochhead), and Cramb (Radnor Park).

Confirmation of Minutes.—The minutes of the annual business meeting were read, confirmed, and signed by the CHAIRMAN (Dr. Hunter).

Deputation.—The SECRETARY reported briefly on the results of the deputation to the members of Parliament in London, and also on the results of the canvass of the profession in the Division.

National Insurance Bill.—The remainder of the meeting was devoted to a discussion on the Insurance Bill, and the SECRETARY read the Special and Supplementary Reports of the Council to the Annual Representative Meeting. It was decided unanimously to adhere to the original points as formulated by the Association. The recommendations submitted were approved, and the question was negatived.

LANCASHIRE AND CHESHIRE BRANCH:

BURY DIVISION.

At a general meeting of the Division on July 18th, Dr. JAMES HOLMES being in the chair and twenty-one members present, the following officers were elected for the ensuing year: *Chairman*, Dr. James Holmes; *Vice-Chairman*, Dr. Baird; *Representative for Representative Meetings*, Dr. Brown; *Representative on Branch Council*, Dr. Kerr; *Honorary Secretary*, Dr. Turnbull; *Local Secretaries*, Dr. Smith (Radcliffe), Dr. Lawrie (Ramsbottom), Dr. W. M. MacIraith (Rawtenstall), Dr. Harrison (Haslingden); *Executive Committee*, Dr. Cook, Dr. Cruickshank, Dr. Johnson, Dr. Lucas.

National Insurance Bill.—The National Insurance Bill was discussed (see SUPPLEMENT, August 5th, p. 269).

General Medical Council.—Drs. Ferguson and Browne were nominated by the Division.

MANCHESTER (CENTRAL) DIVISION.

An ordinary meeting was held at 14, St. John Street, on July 17th. Present: Professor MURRAY (in the chair), Dr. Booth, Dr. Clifford, Dr. Dyson, Dr. Lapage, Dr. Helme,

Dr. Walls, Mr. Burgess, Professor Wright, Mr. Garnett Wright, Mr. Wrigley, and Mr. Rayner.

National Insurance Bill.—A discussion was held on this matter (see SUPPLEMENT, August 5th, p. 268).

General Medical Council.—The Representative was instructed to support the candidature of Drs. Browne, Latimer, and Ferguson.

Election of Central Council.—It was resolved to allow the letter from Drs. Larkin, Garstang, and Taylor of July 4th to lie on the table.

Deputy Representative.—It was unanimously resolved that Dr. Helme be appointed Deputy Representative at the Representative Meeting, and that

This meeting is of opinion that it is desirable that a Representative who is unable to attend a whole session of the Representative Meeting shall have power to delegate his duties to his accredited deputy for such period as he is unable to attend.

METROPOLITAN COUNTIES BRANCH:

CHELSEA DIVISION.

A MEETING of this Division was held at the Fulham Town Hall on July 18th, Dr. YOUNG in the chair.

National Insurance Bill.—This matter was discussed (see SUPPLEMENT, August 5th, p. 266).

Medical Advice in Lay Papers.—On the proposition of Dr. SPAULL, the Representative was instructed to support the recommendation of the Council that it should be considered unprofessional conduct on the part of a medical man if he treated patients through the columns of the press.

General Medical Council.—The Representative was instructed to vote for the nomination of Drs. Verrall, Jackson, and Straton as Direct Representatives for England and Wales on the General Medical Council.

Expenses of Representatives.—Dr. SPAULL moved, Dr. BUTLER seconded, and it was carried unanimously:

- (1) That, in the opinion of this Division, not only should the railway fares be paid of the Representatives of Divisions attending Representative Meetings, but that free accommodation should also be provided for them or their reasonable hotel expenses defrayed out of the funds of the Association.
- (2) That a copy of this resolution be sent to the Central Council.

ST. PANCRAS AND ISLINGTON DIVISION.

A MEETING was held on July 19th at the Midland Grand Hotel, Dr. BASIL G. MORISON in the chair. All practitioners in Islington and St. Pancras had been invited, and there was a large attendance.

National Insurance Bill.—The Special Report of the Council in respect of the National Insurance Bill was considered (see SUPPLEMENT, August 5th, p. 267).

General Medical Council.—The Representative of the Division was instructed to vote at the Representative Meeting in favour of the nomination as Direct Representatives of the profession in England and Wales of Drs. Langley Browne, Henry Arthur Latimer, and George Jackson.

NORTH OF ENGLAND BRANCH.

A MEETING of the Branch Council was held at the Royal Victoria Infirmary, Newcastle-on-Tyne, on Wednesday, July 19th, at 3.45 p.m. Twenty-three members of the Branch Council were present. The PRESIDENT (Dr. Burnett) occupied the chair.

Election of President-elect.—The minutes of the previous meeting having been read and confirmed, Dr. G. B. MORGAN, Senior (Sunderland), was elected President-elect for the ensuing year.

Reports.—The HONORARY SECRETARY reported on the dispute at Esh Winning and Waterhouse Collieries. The report was accepted, and the steps taken by him were confirmed. The President presented his report on the special committee which had been appointed to go into the organization of the Branch.

Colliery Surgeons.—The questions of a proposed mass meeting and the report of the meeting of the Branch colliery surgeons were adjourned until the next meeting.

New Members.—Twenty-seven new members were proposed for election, and these were elected *en bloc*.

SOUTHERN BRANCH:

SALISBURY DIVISION.

A MEETING of the members of this Division was held at the Infirmary, Salisbury, on Tuesday, July 18th. There were present: Drs. L. D. SAUNDERS (Salisbury), in the chair, J. O. Marsh (Amesbury), H. W. Gould (Shaftesbury), W. Hopkins (Whiteparish), Brown (Donhead), Ensor (Tisbury), Blacke (Shaftesbury), Harris (Shaftesbury), W. Gordon (Salisbury), Rutter (Mere), C. R. Straton (Wilton), Ord (Salisbury), Luckham (Salisbury), J. E. Gordon (Honorary Secretary).

Communications.—The minutes of the last meeting having been read and approved, the SECRETARY read letters from the following Divisions, containing resolutions passed by them on the National Insurance Bill: Preston, West Dorset, Hornsey, Brighton; also letters from Brighton Division advocating candidature of Dr. Ryle for the General Medical Council, and asking the Division to support the nomination of Dr. Rowland Fothergill for election to the Central Council by grouped Representatives. Also a letter from Miss Wilks thanking the members of the Division for sending a wreath on the occasion of her brother's funeral, and for their sympathy and attendance on that occasion.

General Medical Council.—Mr. LUCKHAM moved:

That this Division approve of the nomination by this Division of Mr. C. R. Straton, of Wilton, as a candidate for election on the General Medical Council, and that the Secretaries of other Divisions be asked to bring the matter to the notice of their Divisions with a view to instructing their Representatives to support the candidature of Mr. Straton at the Annual Representative Meeting.

Mr. MARCH having seconded, the motion was carried with acclamation. It was also resolved to instruct the Divisional Representative to support the nomination of Mr. C. R. Straton, Wilton; Mr. George Jackson, Plymouth; and Mr. T. J. Verrall, Bath.

National Insurance Bill.—This bill was further considered (see SUPPLEMENT, August 5th, p. 270).

SOUTH MIDLAND BRANCH:

BEDFORD AND HERTS DIVISION.

A GENERAL meeting of the Division was held at the Bedford County Hospital on July 27th. Present: Dr. BUTTERS (Chairman), Drs. Dixon, Coombs, H. Goldsmith, Ross, Nash, Chillingworth, Sworder, F. S. Lloyd, Lipscomb, Rollings, Macfadyen, Archibald, O'Meara.

National Insurance Bill.—The SECRETARY read a statement showing the number of active practitioners resident in the area covered by the Division who had signed the Memorandum *re* Insurance Bill; there were only four or five who had not signed. He also read another statement showing the results of the appeal for a guarantee fund, showing up to date promises of £280.

Ethical Question.—The resolution *re* a member accused of aiding an unqualified midwife, which was passed by the Ethical Committee, was approved by the Divisional meeting, and their decision forwarded to the Central Ethical Committee.

Matter Referred to Division.—The question submitted for the consideration of the Division was then discussed. Drs. ROLLINGS, SWORDER, DIXON, COOMBS, and ROSS spoke; and on the proposition of Dr. ROSS, seconded by Dr. SWORDER, the meeting unanimously voted that the Division does not agree to the question recommended. Dr. ROSS proposed that a deputation consisting of the Chairman, Dr. Bone, and the Honorary Secretary, be sent to wait upon the local members of Parliament, but after some discussion the motion was withdrawn.

NORTHAMPTONSHIRE DIVISION.

A MEETING of the Division was held in the Board Room of the Northants General Hospital on July 13th, at 2.30 p.m. All the medical men in the Division were invited. Dr. HICHENS took the chair, and there were forty-nine members and visitors present.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

National Insurance Bill.—The CHAIRMAN then gave a brief report of the action the Executive Committee of the Division had already taken in connexion with the Insurance Bill (see SUPPLEMENT, July 22nd, p. 194).

Ethical Matter.—Dr. RELTON then brought up an ethical matter in connexion with the Medical Institute at Rugby, which was referred to the Ethical Committee of the Branch.

Part-time Medical Officers of Health.—Dr. DRIBY WHITE then brought forward the question of part-time medical officers of health in rural and small urban districts, and moved that the Representative of the Division be instructed to oppose the minute which would prohibit the appointment of part-time medical officers of health. This was seconded by Dr. GREENFIELD, and carried *nemine contradicente*.

The meeting then terminated.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: MONMOUTHSHIRE DIVISION.

A SPECIAL meeting of the Division was held in the Savoy Hotel, Newport (Mon.), on Tuesday, July 18th. The CHAIRMAN (Dr. H. C. Bevan) presided, and the attendance numbered twenty-nine.

Apologies for Non-attendance.—Apologies for inability to attend were received from Drs. J. L. Thomas, Haslett, and Coulter.

Confirmation of Minutes.—The minutes of the annual meeting of the Division were read and confirmed.

National Insurance Bill.—The HONORARY SECRETARY reported that all the medical practitioners resident in the county of Monmouth, with six exceptions, had signed the undertaking and memorial circulated by the Association, and that a deputation had waited on Mr. Lewis Haslam, M.P. for the Monmouth Boroughs, on the previous evening, and placed before him the reasons in favour of the points urged by the Association. A deputation was appointed to wait on the Right Hon. Reginald McKenna, M.P. for North Monmouthshire, and Sir Ivor Herbert, M.P. for South Monmouthshire, at the House of Commons on the following day. The Special Report of the Council to the Representative Meeting was discussed, and the proposed new subsection to Clause 14 was unanimously approved. The question of a guarantee fund was discussed, and fuller consideration of it was postponed to the next meeting. It was unanimously resolved:

That, having regard to the undue and enormous burden which the bill imposes on the medical profession, this meeting considers that, unless it is so modified as to obtain the full approval of the profession, the British Medical Association should take steps to put an end to the system of gratuitous medical service in the hospitals of the United Kingdom.

Instructions were given that copies of this resolution should be sent to the local press.

Spiritual Healing.—The report of Council on Spiritual Healing was read and approved.

General Medical Council.—The Representative of the Division was authorized to support those candidates whom he might consider the most suitable.

Vote of Thanks.—A hearty vote of thanks was passed to the Representative of the Division (Mr. W. J. Greer) for his services in connexion with the State Insurance Bill.

YORKSHIRE BRANCH: HALIFAX DIVISION.

A SPECIAL meeting of medical practitioners within the area of the Halifax Division was held on July 19th, for the discussion of the Special Report of the Council on the National Insurance Bill, etc. Some thirty-one members were present, and Dr. MACAULAY presided. The minutes of the previous meeting having been read and confirmed, it was unanimously resolved, on the proposition of Dr. PRIESTLEY LEECH, seconded by Dr. GEORGE HOYLE, supported by Dr. MACAULAY and others, that the Secretary be instructed to convey to the Division's Representative, Dr. Drury, the condolences of the members on his illness, and their wishes for a speedy recovery. Dr. Drury, it was pointed out, had always been a valued Representative, and had worked hard for the Division. Never were his services more needed than at the present time. All hoped he would be soon well enough to help again.

General Medical Council.—A letter was read from the Medical Secretary concerning the election of Direct Representatives for England and Wales on the General Medical Council. The list of candidates was considered, and the

Deputy Representative, Dr. Edward Ellis, was directed how to vote at the Representative Meeting.

National Insurance Bill.—Letters were read from other Divisions concerning the National Insurance Bill and other matters to be discussed at the Annual Meeting. The Special Report on the National Insurance Bill was next considered (see SUPPLEMENT, July 29th, p. 238).

HUDDERSFIELD DIVISION.

THE annual meeting was held at the Huddersfield Infirmary on Wednesday evening, July 26th, Mr. NORMAN PORRITT in the chair. There were also present Drs. Walker, Crosland, Chambers, Tansley, Irving, Knaggs, Marshall, Wilson, jun., Cairns, Rattray, Mackenzie, and McCully.

Annual Report.—The minutes of the last meeting having been read and confirmed, the annual report was read and adopted. In this reference was made to the healthy state of the Division, both financially and numerically, and the very gratifying fact was recorded that every member of the profession in the district had signed the pledge sent out from head quarters with reference to the National Insurance Bill.

Election of Officers.—The following were elected for the year 1911-12: *Chairman*, Dr. J. Irving; *Vice-Chairmen*, Dr. W. L. Marshall, Dr. Robt. Trotter; *Honorary Secretary and Treasurer*, Dr. A. L. McCully; *Representative for Representative Meetings*, Dr. J. W. Draper; *Representative on Branch Council*, Dr. F. Knaggs; *Executive Committee*, Drs. Cairns, Chambers, Crosland, Porritt, Pye-Smith, Rowell, Walker, Williams, and Wilson, jun.

Votes of Thanks.—Dr. PORRITT moved, and Dr. KNAGGS seconded, that the best thanks of the Division be accorded to the retiring Secretary, Dr. Rowell, who had held the position since the formation of the Division in 1903. A similar vote of thanks was accorded to the retiring Chairman, Dr. Porritt, on the proposition of Dr. MARSHALL, seconded by Dr. IRVING.

GIBRALTAR BRANCH.

A GENERAL meeting of this Branch was held at the Naval Hospital on May 12th; Dr. P. F. LYONS, President, was in the chair. The following were present: Deputy Inspector-General F. J. Lilly, R.N., Past President; Dr. Oman, Colonel Johnston, P.M.O., R.A.M.C., Colonel S. G. Allen, R.A.M.C., Fleet Surgeons Pickthorn, Miller, and Clift, Staff Surgeons Dickinson and Bolster, Surgeons French, McCutcheon, Rooney, and Ramsay, and Dr. Parsons.

Minutes.—The minutes of the last meeting were taken as read.

Scabies in His Majesty's Navy.—Fleet Surgeon R. MILLER read a paper on this subject. He quoted statistics showing that 4 per cent. of entire loss of service from sickness in the navy was due to scabies. The disease was about twice as common in the navy as it was in the army. The type appeared to be almost peculiar to the services. It was a disease of home waters; 90 per cent. naval and 75 per cent. army cases occurred in the British Isles and their vicinity. The average duration of treatment of the army and navy cases was about ten days, and appeared to be unnecessarily long. The treatments used by foreign Powers were described in detail. The consensus of opinion of many authorities quoted was that one to three days' treatment should suffice to kill the acarus, and that unnecessary loss of service was due to failure to regard the cases as being then non-infectious. Treatment of cases of scabies in association tended to prolong treatment. The author employed a modification of the St. Louis Hospital, Paris, method of treatment, by which absence from duty of his cases had been shortened to three days. It consisted in a prolonged weakly antiseptic hot bath, with plenty of soft and hard soap to make a good lather, gentle drying of the skin and smearing (not rubbing in) of sulphur ointment. This treatment was applied daily for three days, with daily change of clothing and bedding, which were disinfected by steam when possible. He had found no difficulty in dealing with the kits of all naval ratings where steam disinfection was not available. Washable articles were washed after soaking in weak antiseptics. Tunics and trousers should be ironed inside and outside, especially along the seams and inside the pockets. Vlemingek's solution he considered to be rather too strong except for greasy and tough skins.

The actual parasiticide used was not very important, as the principal part of the treatment was the bath, which should never be less than half an hour. The author considered that the infectivity of scabies was much exaggerated, and that to be acquired scabies had practically to be slept with. Many cases were undoubtedly contracted from sleeping in sailors' homes and kindred institutions. He considered that there should be compulsory disinfection of bedding in such places.

Certain Cases Treated by Tuberculin.—Dr. PARSONS read a preliminary report on this subject. He said he wished to bring to the notice of members a series of cases tested for tuberculous infection and afterwards treated by tuberculin. There were 49 cases in all—36 males and 13 females, of ages ranging from 14 years to 59 years. Of these 9 were cases that were not either pleurisy or phthisis, but some other tuberculous affection, and 3 more cases that did not react to the test injection, and so were definitely excluded as being tuberculous. Of the remaining 37 cases the tubercle bacillus was discovered in the sputum of 17 (12 males, 5 females); the others had definite physical signs, such as pleurisy, consolidation, or altered breath sounds, and every one reacted typically to the test injections of Koch's old tuberculin, showing that they were infected with tubercle. All these cases had been selected from the out-patient department under his charge at the Colonial Hospital. The cases of surgical tuberculosis had been admitted to his ward from time to time and treated in hospital, and the infective cases of phthisis attended once or twice a week as necessary (on Tuesdays and Fridays) as out-patients to receive their injections of tuberculin. The patients were instructed to use the thermometer, which each one had to buy for himself, and were told to take their temperatures every two hours and write them on a slip of paper and bring them the next time they came up. Those patients with abundant sputum were put on Dr. Lees's inhalations and given Mist. I and Mist. II; those without sputum (very few) were given Mist. I and II.

<i>Mistura I.</i>					
Acid. phosph. dil.	...	...	...	...	ʒij
Acid. sulph. dil.	...	...	...	...	ʒj
Cal. chlor.	...	...	...	...	ʒj
Tr. bellad.	...	...	...	...	ʒj
Inf. gent.	...	...	...	ad	ʒvj
M. ʒ (ss) t.d.s. a.c.					

Mistura II.

This was an emulsion of ol. morrh. and creosote, liq. calcis, and syr. simplex.

Many patients, unfortunately, were irregular in their attendance, and after coming for a few weeks they were seen no more. Those who had persisted in their treatment had all benefited, some in a very remarkable manner.

So far he had used only four preparations of tuberculin—T.A., P.T.O., T.O.A., and P.T. T.A. was Koch's old tuberculin; P.T.O. was a mild preparation of bovine tuberculin, corresponding to T.O.A., which was human; and P.T. was a very strong preparation of bovine tuberculin, and one which he intended all his cases to have when they could stand it.

He began with either or any preparation, and gradually increased the dose according to the method described by Dr. Camac Wilkinson. His first case began treatment in December, 1910. Only one case had reached the maximum of 1 c.cm. P.T. without reaction, and she had been discharged and advised to come once a year for testing. He then read short notes of a few cases, taking first the one who had had a maximum dose:

CASE XXXI.—December 23rd, 1910. J. L., aged 20, female, a Spaniard, teacher in a school at Linea. She was constantly getting colds, and two months ago became quite hoarse and was still hoarse, lost her appetite, and felt generally unwell and was easily tired. Weight, 9 st. 6 lb. Fine râles with harsh breathing at right apex. First stage, clinically: No sputum; reacted positively to 0.001 grain T.A.; temperature 100° F. Being an early case he attempted treatment with T.A., and gave on December 25th 0.005 T.A.; temperature 100° F. Three days later 0.006 T.A., when she had a violent reaction to 104° F. and he changed to P.T.O., giving her 0.4 c.cm. on March 7th; temperature 99° F. Next changed to P.T., and gradually worked her up to 1 c.cm. of pure P.T. on April 4th without reaction. Weight 9 st. 10½ lb., looked well, felt able to do all her work easily. Treatment now stopped and patient told to come once yearly. She had no other treatment but tuberculin.

The following was a wholly different kind of case:

CASE I.—D. T., native of Gibraltar, aged 27. Had had a cough for eight years. Abundant sputum, and tubercle bacilli

found April 7th, 1910. Her family history was bad. He sent an account of her then condition to Dr. Camac Wilkinson, as this was the first case he proposed treating with tuberculin. This was in April, 1910. Dr. Wilkinson dissuaded him from doing so, as her temperature was 101° F. and pulse 140, saying that mixed infection cases were difficult to treat, and advised him to begin on an early case. Subsequently he had seen Dr. Wilkinson treating cases at his own dispensary in London, and when he returned to Gibraltar he hunted up this woman. He was surprised to see that she had improved considerably under Dr. Lees's inhalations, Mist. I and Mist. II. Her temperature had come down to normal. On January 17th, 1911, he put her on tuberculin treatment. Although her previous improvement was considerable, she improved yet more under tuberculin. She was first put on T.O.A. and reached 1 c.cm. pure on February 21st, but had a rise of temperature, 104.8° F., which dropped to normal a couple of days later and left her feeling better. He changed to P.T. on April 4th, giving her 0.02 P.T., and she got a temperature of 104° F., which fell to normal the next day. She was still under treatment. She now had no cough or sputum, and her capacity for work was much greater.

CASE XLVII.—This was interesting from the fact that the man, aged 45, had syphilis twenty-four years ago. He saw Dr. Lyons on February 11th, and was then complaining of a sore throat and huskiness, and wanted to be injected with "606." A Wassermann's reaction proved negative, and he was told he would derive no benefit, but insisted on being injected. The result, as Dr. Lyons told him, was that he got no better. He then came to Dr. Parsons, who tested him with tuberculin on April 11th, and he reacted typically to a dose of 0.005 T.A. He had been put under treatment, and was improving.

CASE XLVI.—I. C., aged 44, native of Gibraltar, admitted to the Colonial Hospital, and operated on for ischial abscess on March 3rd. Much pus evacuated. The wound soon granulated and looked clean, but refused to heal. Week after week passed by with hardly any progress, and at last, on April 17th—forty-five days after operation—the author tested him with 0.001 T.A.; no reaction. April 19th, 0.002 T.A.; no reaction beyond a little local swelling. April 23rd, 0.005 T.A.; temperature up to 103.4°, with typical local redness, pain, and oedema. There was now no doubt as to the abscess being tuberculous. Healing began from the first, and in a few days had advanced more than it did in the six weeks previously. On May 9th he got 0.003 T.O.A., with no reaction and wound nearly healed.

Dr. Parsons went on to say that he had by him notes of the other cases, which it would be tedious to read. What he would like to impress upon members was the great value of tuberculin, both in diagnosis and treatment and its harmlessness when properly given. Most of these patients had to come from Linea for their injections, and, though some hundreds of injections had been given in the past four months, no untoward incident had occurred, and improvement had been noted in all cases.

Dr. PARSONS read for Dr. Gill, who was unable to be present, the following notes of a case:

A. D., a male, a clerk in the Colonial service, was ill in January with acute lobar pneumonia. The illness ran a normal course; there was the usual crisis, and the temperature dropped to normal. Complete resolution was delayed, and a dull area remained. Dr. Parsons was asked to see the case in consultation, and suggested that the patient should be tested with T.A. This was done, and the patient reacted typically. Treatment was continued with T.O.A., and although a maximum dose of this preparation had not yet been reached, the patient's weight had increased from 10 st. 5 lb. in January to 12 st. 11 lb. on May 11th. He had never felt better in his life, and had never before weighed so much.

Representative at Representative Meetings.—Dr. Dowding was elected a Representative in Representative Meetings.

Notes of Thanks.—The meeting closed with the usual votes of thanks.

GRIQUALAND WEST BRANCH.

A MEETING was held at the Board Room, Kimberley Hospital, on June 30th, Dr. SYMONDS in the chair. There were present: Drs. Gadow, Reid, Harris, Roberts, Minter Brown, Stoney, Russell, and Vaughan Jones (Honorary Secretary).

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

New Member.—Dr. S. M. de Kock, of Bloemfontein, made application for membership, and was duly elected.

Representative on Central Council.—Dr. Duncan Greenlees was unanimously appointed to represent the Branch on the Central Council for a further period of three years, and was cordially thanked for his services during the past year.

Scurvy.—Dr. SYMONDS read a paper on scurvy which aroused considerable discussion, some of the members expressing their conviction of the organismal nature of the disease known locally as scurvy. Dr. Symonds was thanked for his excellent paper, and suitably responded.

Specimens.—Dr. STONEY showed two interesting pathological specimens: one a cyst of the posterior lobe of the pituitary body, the other hydatid disease of the brain.

SOUTH AFRICAN COMMITTEE.

THE first meeting of the South African Committee of the British Medical Association was held in the Board room, Johannesburg Hospital, on June 29th. The following members of Committee were present: Drs. Matthew Hewat, Jasper Anderson, and Julius Petersen (Western Province Branch); Sir Kendal Franks, Drs. McDonald, Troup, and Maynard (Transvaal Branch); Dr. Spencer Wicks (Griqualand West Branch); and Dr. Campbell Watt (Natal Branch).

Election of Officers.—Sir Kendal Franks was unanimously elected President, Dr. Matthew Hewat Vice-President, and Dr. Campbell Watt Honorary Secretary and Treasurer.

Regulations.—The meeting discussed the notes on the regulations forwarded by the Council of the Association. The PRESIDENT held that as the said Council had passed the regulations subject only to the notes it was not competent to discuss the regulations outside those points referred to in the notes. Resolutions were passed on each of the points raised by the Council, and these will be communicated to Branches for their formal approval. A set of by-laws was framed for the purpose of regulating the conduct of business and the duties of office-bearers.

Subscription.—The annual subscription for the purposes of the Committee was fixed at 2s. 6d. per annum per member of each Branch.

Formation of Branches.—With regard to the formation of new South African Branches, it was resolved to ask the Council of the Association to delegate the arrangements connected therewith to this Committee.

Term of Office.—In consideration of the fact that the elections to this Committee were not held simultaneously, and that there had been considerable delay in getting the Committee to work, the meeting resolved that the term of office of this Committee should expire on December 31st, 1913.

Proposed Annual Meeting in South Africa.—The question of the feasibility of inviting the Association to hold its annual meeting in South Africa in 1914 was discussed, and it was resolved that the secretary of the South African Congress, Johannesburg, be requested to place the question on the agenda of the business meeting.

Vote of Thanks.—A vote of thanks was unanimously passed to Dr. Campbell Watt, Honorary Secretary, for the work he did in the formation of the Committee.

Next Meeting.—The next quarterly meeting will be held in Capetown during the last week of September.

Association Notices.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

LENDING DEPARTMENT.

A LIST of periodical publications, official reports, and blue books in the Library of the British Medical Association available for issue to members on loan has been printed, and copies can be obtained free on application to the Librarian, at the house of the Association, 429, Strand, W.C. The regulations governing the loan of these publications are stated in the introduction to the list.

The Library is open for consultation from 10 a.m. till 5 p.m. (on Saturdays till 2 p.m.).

BRANCH AND DIVISION MEETINGS TO BE HELD.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—The annual social meeting will be held at Ford on Wednesday, August 30th. Members with their wives and friends will assemble at the Castle Gates at 2.30 p.m., when, by the kind permission of Lord Joicey, an inspection of this historic border fortress will be made, after which the school, containing the beautiful frescoes painted by the late Marchioness of Waterford, will be visited, and if time permits the church also. Tea will be served at 5 p.m. Members intending to be present will please communicate with me (giving the number of invited guests) not later than August 27th, to enable arrangements to be made.—C. CLARK BURMAN, Honorary Secretary.

SEVENTY-NINTH ANNUAL MEETING

OF THE

British Medical Association.

Held in Birmingham on July 21st, 22nd, 24th, 25th, 26th, 27th, 28th, and 29th, 1911.

EXHIBITION

OF

FOODS, DRUGS, INSTRUMENTS, BOOKS, AND SANITARY APPLIANCES.

[SECOND NOTICE.]

MACMILLAN AND Co. (St. Martin's Street, London, E.C.) Many of the books exhibited by this firm of publishers were well calculated to absorb a good deal more attention from visitors than the time at their disposal allowed, the selection of the firm's publications which had been sent down being excellent. Prominent among them was the *System of Medicine* by Sir Clifford Allbutt and Dr. H. D. Rolleston. It is a second edition, the matter in which besides having been revised has been in large part re-written. It has been coming out volume by volume, the recent publication of the eleventh volume completing the issue. This latest volume contains a general index of a most elaborate character. Also shown was the second edition of a work of a somewhat corresponding order, namely, the *System of Gynaecology*, the many contributors to which did their work under the editorship of Sir Clifford Allbutt in conjunction with Drs. W. S. Playfair and T. W. Eden. Another important work shown for the first time was a translation by Miss F. A. Welby from the third edition of Luciani's *Human Physiology*. One or other of the earlier editions has been translated into French, German, and Russian, and in a preface to this English edition Professor Langley of Cambridge expresses some surprise that no English version has appeared earlier. Luciani, he says, describes phenomena with considerable detail, but treats lucidly the broad principles to be deduced from them. It appears, in short, to be a cross between a textbook and a treatise. So far only the first volume has appeared, but Vol. II is in the press, and the remaining two will no doubt be ready shortly. Other works noted were Cuthbert Lockyer's translation of the *Technique of Vagino-Peritoneal Operations*, by Wertheim and Micholitsch; *Disease in Bone and its Detection by the X Rays*, by E. W. H. Shenton; *Modern Methods in the Surgery of Paralysis*, by H. C. Wootton. The firm, it may be noted, has recently brought out a fresh descriptive catalogue of such of its publications as appeal more especially to medical men.

C. OPPEL AND Co. (10 and 12, Milton Street, London, E.C.) The exhibit of this firm was a single article, but one which deserves the same esteem on the part of the younger generation as it long since attained among its elders. The firm is the representative in this country of the Friedrichshall Springs at Saxe Meiningen in Germany. There are probably few natural remedies to the value of which testimony has been paid by an equally large number of distinguished clinicians. Its special characteristic was well described by Sir Henry Thompson many years ago in the following words: "One of the characteristics of this water is that the longer it is taken the smaller is the quantity necessary to effect the purpose. It leaves the patient less constipated after discontinuing it than he was before, and it may be taken habitually without lowering the system. As an occasional aperient and corrector of digestion I know of nothing at all equal to Friedrichshall." It is, in short, a remedy of such long tried value that it would hardly require notice but for the circumstance that in the crush of modern drugs there is a tendency to overlook old and well-tried therapeutic friends, among which Friedrichshall must certainly be counted. The composition of the water is very constant; the portion

of the contained salts per 1,000 parts being as follows: Magnesium sulphate, 6.2; sodium sulphate, 5.2; sodium chloride, 7.9; magnesium chloride, 4.9. There are also present small proportions of lime and potash salts and of magnesium bromide. It is entirely free from suspended matter. In its action it is not drastic, and may usually be taken in ordinary doses for prolonged periods without setting up dyspepsia. Its taste is much on a par with practically all natural mineral waters which have any claim to possession of medicinal properties of the same character. Some persons who dislike its flavour find it comparatively easy to take when milk is added. The commencement of its use in this country dates back not much less than a century, it having been one of the first mineral waters to be imported.

JOHN WEISS AND SON (287, Oxford Street, London). The stall of this firm is always especially strong in ophthalmic instruments and appliances, and showed no falling off in this direction at Birmingham. Thus there was a complete set of instruments for the performance of intracapsular extraction of the lens after Major Smith's "Jullundur" method, these being put up in a neat travelling case. Side by side with these may be placed Herbert's scissors and knives for the new glaucoma operation, and several patterns of trephine for operations on the sclerotic, including the one known as Harman's sclerotomy punch. A scotometer, devised by N. C. Ridley, was also shown, and seemed to have definite advantages over many of its earlier rivals. Much the same remark applies to the Jameson Evans epilation forceps, which have long blades serrated at their extremity instead of being left smooth. A further improvement of a minor kind was shown in some test types which were made of celluloid and thus easily washable. A good many tonometers were also on view, one which attracted special attention being that of Macklatoff. Among the lamps we noted a new standard pedestal lamp, which has the advantage of being equally useful for either ophthalmic or laryngological work, a simple and easily worked shutter occluding whichever attachment is not for the moment required. In addition, a portable accumulator attracted attention. It weighs only 4 lb., has a working life on a single charge of twenty-one hours, has attachments for working either a lamp or a cautery, and is relatively inexpensive. The exhibit, however, was not by any means confined to instruments for the ophthalmic specialist, but included many modern appliances for general work—a new vaginal douching sheet, speculum, and vulsellum, all devised by Barlet; the bladder and kidney instruments used by Hurry Fenwick, the osteotomy instruments of Robert Jones, and the tubes and forceps recommended by Lynn Thomas for the performance of prostatectomy are all cases in point.

The CHARLES H. PHILLIPS CHEMICAL COMPANY (14, Henrietta Street, Covent Garden). As in previous years, this firm confined its exhibits to two of its products, the one being a compound syrup of quinine, the other a fluid magnesia. The former is known as the *Syrup of Phospho-muriate of Quinine Compound*, its strong point being that in its preparation the muriate instead of the sulphate of quinine is used, and phosphates instead of hypophosphites. Hence, the preparation being acid, there is no risk of the contained strychnine being thrown down, as sometimes occurs in the case of hypophosphite syrups. It is a pleasant bitter tonic, not productive of headache, and very stable. The fluid magnesia of the firm is termed *Milk of Magnesia*, this being the registered title of an odourless, white, palatable fluid with the physical appearance of milk. It is hydrated oxide of magnesia, each fluid ounce representing, we understand, magnesium hydrate 24 grains. Under the microscope it is seen to be homogeneous, a fact which supports the firm's statement that their *Milk of Magnesia* is not, as are many magnesia preparations, merely a triturated magnesia suspended by mucilaginous or glycerine solutions. It attributes its special value as a neutralizer of free acids to the fact that it is entirely free from carbonates, and therefore does not give rise to discomforting evolutions of carbonic acid gas. It combines readily with tinctures as well as with iodides

and other solutions of salts, and is useful as a suspender of fixed and volatile oils. We have had considerable experience of its use in the diarrhoea of children and in gastric irritability, and consider it an excellent form in which to administer magnesia when indicated in such cases. It may also be substituted for lime water in the modification of cow's milk. Owing to its persistent alkalinity and tastelessness, it forms a good mouth-wash for use at bedtime.

SKEFFINGTONS (49, Ulundi Road, Blackheath, S.E.). This firm some two years ago brought out the *Skeffington Bed Lifter*, a device possessing so many good points that we drew attention to it even before it had been placed upon the market. A long bed-sheet is attached by a simple mechanism to rollers at either end of the bed, and on turning one or both of these the patient can be either lifted right off the mattress or raised to and retained in a sitting position. Several patterns of the device are now available, some of these being intended for use in connexion with one bed only, while others are so fitted that the whole of the patients in any ward can be similarly handled one after another. Another appliance, named the *Anastasia*, lifts the patient in the sheet, as does the Skeffington, but at the same time adjusts under his body a mattress made in sections, so as to give access to any division of the patient's back desired. Three other devices shown this year were all newcomers. One, named the Catharios, consists of two steel supports, one for either side of the bed, and each carrying a short roller. Between these runs a narrow band which is passed under the patient's sacrum. Revolving one roller turns the patient on one side, while turning both lifts his hips clear of the mattress. Another was the *Skeffington Cushion*. It is an oblong inflatable india-rubber bag, which, when flat, is passed under the patient's hips; it is then inflated by a kind of bicycle pump, and raises the patient sufficiently high for a tall bed-pan to be put in position. Finally was shown the *Skeffington Inclinator*, an appliance for elevating either end of a mattress without straining the bed. The elevation attainable is as much as 3 ft. Like all the other appliances of the firm, its use was demonstrated at intervals during the course of the exhibition, and attracted much attention. It seems very likely to win much favour with surgeons, who, after operation on the abdomen and elsewhere, like to keep their patients with the head and body well raised. All the devices of this firm show thorough comprehension of the needs of nursing and great mechanical ingenuity in meeting them.

VIROL, LIMITED (152-156, Old Street, London, E.C.). The preparation from which this firm derives its name made its first appearance some ten years ago, and its history from the beginning would seem to have been one of practically uninterrupted success. It is true that it was very skilfully marketed, but it gained real popularity among medical men in a very short space of time, and from the testimonials, clinical reports, and other evidence in possession of the firm, it is clearly being used with satisfaction in a large number of hospitals and sanatoriums. Like many of its congeners, it was originally put forward as a substitute for cod-liver oil, but seems to have been found also of utility in other conditions than those in which cod-liver oil is commonly administered. Besides being, according to Braithwaite in his *Retrospect*, "easy of administration, digestion, and absorption," and according to Hutchison, in his book on *Food and the Principles of Dietetics*, "an agreeable preparation of very considerable nutritive power," it also possesses a certain value in aiding the utilization of starchy foods. It also appears to be useful in dealing with the summer diarrhoea of infants, and has a distinct reputation as a tissue former in some cases in which adequate nutrition by ordinary foods is not easy to secure. Its constituents, according to the firm, are red and yellow bone marrow, eggs, malt extract and lemon juice. In appearance and consistence it is very much like honey; in taste it resembles toffee. It can be given diluted with either milk or water, or spread on thin slices of bread. The manufacturers claim that it is superior to cod-liver oil in view of its possession of iron-containing albuminoids and phosphates, and a proportion of carbohydrates in addition to fatty matter.

National Insurance.

CORRESPONDENCE.

THE INCOME LIMIT.

Dr. Addison's Amendment.

DR. J. H. TAYLOR (Salford) writes: Will you allow me to explain what appears to me to be the meaning and effect of the amendment which Dr. Addison carried in the House of Commons referring to the income limit? In the first place, the term "contracting out" as applied to this amendment is somewhat misleading; it would better be called a "private practice" amendment, or a provision for enabling private practice to replace contract practice, and I am confident that its possibilities in this direction have not yet been realized by medical men who are opposed to all forms of contract practice.

But, before dealing with the amendment itself, I would remind the profession that the Special Representative Meeting did not decide that the £2 limit must be named in the bill itself. The State Sickness Insurance Committee thought it best to attempt to get it in the bill, and did its best, but was defeated in Parliament without even a division, in spite of the heroic efforts of Sir P. Magnus and his supporters. What, then, was the next step? Was the profession to stand by and sulk, or was it to be called out in a universal strike? To me such an idea is both impracticable and preposterous, simply because I am confident that we can get the £2 limit or even a lower limit in other ways. It is impossible for any fair-minded man not to see the force of the argument that a rigid £2 limit would be unfair in practice. In some country districts 25s. is quite equal to £2 in London, and an unmarried man with no dependants and earning 30s. a week is better able to pay a doctor's bill than a married man with a wife and young children who is earning 45s. a week. Practically every hospital that has an income limit has a provision for mitigating the rigidity of the limit to meet such cases, and to refuse to acknowledge this would be to invite a public odium that the best organized profession could never resist.

The next step, then, for the profession will be to fight for an income limit, shorn of an unfair rigidity, to be set up in the regulations under the bill. But it is imperative to note that this would have been impossible, after the defeat of Sir P. Magnus's amendment, unless Dr. Addison's amendment had been passed, seeing that without this latter amendment the local Health Committee would have been legally bound to make its own arrangements for medical attendance for every insured person, and would not have been at liberty to take any account of incomes at all. The fight for an income limit in the regulations would not be a local fight, but would be backed up by the whole force of the profession. I would suggest that 30s. should be taken as a mean limit, with modifications to suit individual cases, but with £2 as a maximum, and if we may judge by the tenor of the Chancellor's speech in Parliament, there would be less probability of opposition to such an elastic limit in the regulations than there was to the rigid limit in the bill.

But even if the Insurance Commissioners refused to insert a limit in the regulations and left it entirely to the local Health Committees, why should we be afraid of what are wrongly called local struggles? With the profession organized as it is now, there will be no such thing as a strictly local struggle. A local Medical Committee will only have to satisfy the general Association that its demands are right, and the whole resources of the Association will be at its disposal, especially to prevent the importation of blacklegs. Local disputes will inevitably arise as to the method of payment and the amount of fees, and in every case the income limit would be balanced against the amount of fees, so that the higher the income limit is the higher the contract rate must be. But the same professional union that is necessary to fight about fees will at the same time be fighting for the income limit, and I am confident that the possibility of varying the income limit locally will afford a first-rate weapon with which to fight the question of fees. Besides, it must be

remembered that the interests of the local Health Committees will be very different from the interests of present managers of clubs. The committee will have no interest in sweating the profession or refusing any reasonable income limit, and it is quite wrong to assume that the local Health Committee will, as a matter of course, oppose the local Medical Committee, which will always be able to appeal to the Insurance Commissioners.

Suppose, then, that in any district a 30s. limit were fixed: the local Health Committee would then, according to Dr. Addison's amendment, require any insured person whose income was over 30s., if he needed a doctor, to engage one privately. Any arrangement between such a person and the doctor whom he chose would be private in every sense of the word. The doctor would charge any fee he thought fit and would attend as much or as little as he chose, and the Health Committee would have no right to interfere in any way whatever between the doctor and the patient. The doctor would have no responsibility to the committee nor the committee to the doctor. The provision in the amendment that the committee should allow the patient a contribution towards the cost of his private doctor is simply to enable the committee to discharge its legal liability to the patient and is absolutely no concern of the doctor. It is, of course, important that the doctor should not attempt to stipulate what allowance the committee shall make to the patient or how it shall be made, as that might give the committee an opening for interference. If the patient is to be purely a private patient the doctor must look to the patient alone for his fee, quite irrespective of what the committee allows to the patient. Thus, in such a case the contract system would be entirely replaced by purely private practice.

A somewhat curious objection has been made that this will lead to undercutting among the doctors, and that persons thus excluded from contract attendance will choose that doctor who charges the least or that they will try to form clubs of their own. But surely this would apply equally to a £2 limit in the bill, and especially if those having over £2 were excluded from medical benefit altogether. It seems to me reasonable to expect that a person who has no allowance at all from the insurance towards his bills would be far more likely to choose a cheap doctor than the person who is receiving a contribution towards his bill. There is absolutely no cure for undercutting among medical men except what may be called the trades union method of a mutual bond not to work for less than a standard wage. The local Medical Committee will be a first-rate instrument for drawing up a standard scale of fees, and it could make any doctor's position on the panel extremely uncomfortable if he did anything in the nature of undercutting.

Another case to which Dr. Addison's amendment would specially apply is in that of places such as Burnley and other towns in Lancashire where the profession has a strong objection to any form of contract practice. Without the amendment the bill would have stereotyped a form of contract practice which, though immeasurably superior to that of the friendly societies, would still have involved a capitation system. But with this amendment, the contract system may be escaped altogether. If the profession in Burnley is united, it can say, "We refuse all contract rates and we will only treat insured persons as private patients." There might be some demur from the insured themselves, but if the profession stood firm the local Health Committee would probably be glad to escape all further difficulty with the profession by taking advantage of this amendment and doing what it would be legally authorized to do, that is, leaving the insured to make their own private arrangements and allowing them a contribution towards their private bills. The committee would thus have fulfilled all its responsibility to the insured, and Mr. Lloyd George himself specially mentioned this case of the Lancashire towns as being covered by this amendment.

But the amendment goes even further, for it allows not merely local but personal option. If an insured person, for instance, has a preference for a particular doctor, who refused to attend him at contract rates, the patient would,

if this amendment had not been carried, have been compelled either to choose another doctor on the panel or to pay his favourite doctor's fees out of his own pocket, forfeiting altogether the medical benefit for which he had contributed. But with this amendment the Health Committee is empowered, altogether irrespective of the patient's income, to make such a patient an allowance towards his favourite doctor's bill, and there is little doubt that such an allowance would induce many people to engage privately a doctor who refused altogether to accept any contract rate.

In every way, then, Dr. Addison's amendment offers the most positive assistance towards doing away with the contract system, and replacing it with private practice to an extent which the profession will have in its own hands. To refuse to accept it because it does not specifically mention the £2 limit, though it offers every facility for obtaining it, would seem to me to be the most short-sighted policy. The profession has simply to stick to the pledge that it has signed which involves a refusal to attend at contract rates any insured person whose income exceeds £2 a week. With this amendment, and keeping strictly to our pledge, we are now at liberty to make an elastic income limit of 30s. as the mean, with £2 as the maximum. In face of such a pledge, now that this amendment gives the local Health Committee an alternative way of discharging its responsibility to the insured, no committee would have any interest in opposing such an elastic income limit, especially as any opposition would involve the payment of a higher capitation fee.

FRIENDLY SOCIETY INSTITUTES.

ONE INTERESTED MEMBER, B.M.A., writes: Your editorial in the JOURNAL of August 12th regarding "Friendly Society Institutes" will, I trust, be pondered over by every member of the profession. There is no doubt whatever in the minds of officials of these institutes that they will become recognized by the local Health Committees, and will continue, for they will take care that the local Health Committees shall be under their domination numerically. They think, however, that no new ones can come into existence. My humble belief is that these views did not arise from a study of the bill, but were rather given to them on authority, and so sure are they of it that they are not worrying about the outcome. There is every reason, therefore, to regard the Harmsworth amendment as deliberately planned, with the connivance of the framers of the bill, to render nugatory the apparent gain by the medical profession. I sincerely hope my surmise is incorrect, but I think I am somewhat in a position to make a good guess. The battle is not yet over, and as military metaphors seem popular just now, I venture to suggest that only a skirmish or two, and nothing final, has been the outcome so far. Eternal vigilance is the price of liberty. Let the sentinels on the watch tower—the State Sickness Insurance Committee of the British Medical Association—be sustained and reinforced, for the camp is still in danger, and—dare I say it?—perhaps the bill.

NOT OUT OF THE WOOD.

Dr. HARFORD EDWARDS (Markyate, near Dunstable) writes: I observe that certain newspapers are talking of the "medical victory," etc. I fail to see where we have gained anything of any particular value at present. I have no doubt that what one must call our opponents—the Government and its newspapers—would like to persuade us that we have, but I shall be very much surprised if we get much—unless we copy the trades unions. A mere question of justice will not count, and apparently an efficient medical service is not a desideratum. Mr. Lloyd George has throughout treated the profession with very thinly-veiled contempt, and unless we unite and continue united and decline to be put off with trivial concessions, we shall have gained nothing. I understand that the British Medical Association forms were not sent to many hospital residents. Surely, if this is so, it is an important omission.

* * * The circulars issued by the British Medical Association were sent, we understand, to every registered medical practitioner in the United Kingdom whose address could be ascertained.

IRELAND.

DUBLIN HOSPITALS.

THE very serious view of the probably injurious effect of the State Insurance Bill on the Dublin hospitals that is taken by the Board of Superintendence of these hospitals may be gathered from the following extract from their fifty-third annual report laid before Parliament this week:

Hitherto the public have looked on the labouring man disabled for work as a fit object for charity. They have subscribed and left legacies to hospitals because it was known that through the wards of the hospitals and the special dispensaries attached to them lay the smoothest, shortest, and most economical road to recovery. It is unlikely, should the State arrange for the care of the labouring classes when incapacitated by sickness, that the charitably inclined will continue to subscribe to the same extent. Now, there is no doubt that for the maintenance of hospitals the system of voluntary aid, supplemented by State aid, yields the best and most economical results. By it the services of men of the highest standing are put within easy reach of the poor, both in the wards and in the dispensaries. We think this system is in danger, and that if it is once allowed to collapse it may not be possible to reconstitute it. This would be a serious thing for the poor, a serious thing for the progress of science, a serious thing for the taxpayer, and for the training of gentlemen for medical service. The practice of medicine is advancing by specialization. Each class of disease has its department in a hospital. It is not too much to say that a club doctor, responsible for the health of a large number of workpeople, will, in a great majority of the cases, have to call on the hospitals or their dispensaries for help. On what terms will this be given? If the voluntary aid system is abolished, it must mean a suitable remuneration for all medical service. We are of opinion that a system on such a foundation would not work as well or as economically as does the present one.

FINANCE OF THE SCHEME.

The *Irish Industrial Journal* has calculated that about 1,200,000 people in Ireland would be affected by the compulsory provisions of the bill. About one million of these are men, so the contribution from Ireland would average but a fraction below 7d. a week, or 30s. a year, for each employee. This means that Ireland must find annually one and three-quarter millions sterling. The census returns showed that the number of sick and infirm of all kinds was 68,862; excluding those suffering from permanent diseases, consisting chiefly of lunatics, blind, deaf and dumb, already provided for by State, there remained 35,588 temporarily diseased, distributed as follows:

At own homes	14,884
Infirmaries and hospitals	5,071
Workhouse hospitals	15,633

This showed that the largest class was already accommodated at the public expense in the union hospitals, institutions not confined to declared paupers, but open to all. Those returned as being in infirmaries and hospitals were paying patients in private institutions, which abounded in Dublin and other parts of Ireland. There remained, therefore, about 15,000 laid up at home, and they represented cases for which Mr. Lloyd George proposes to tax Ireland to the extent of one and three-quarter millions a year. At the highest they would only cost the Government £400,000 a year. Even if it were supposed that the whole 35,000 invalids were thrown on the funds the maximum benefits at 10s. a week would only amount to one million a year. As the total cost of Poor Law relief already amounted to that sum, the strain on Ireland would be doubled, and the Chancellor stood to make a huge surplus out of Ireland, and there was nothing in the bill to indicate what would become of the surplus, so that it would remain with the Treasury. It was natural for Ireland to object to a scheme which will ultimately draw millions from the country and cannot return more than half that sum.

THE FRIENDLY SOCIETIES.

At a special meeting of delegates of the Hearts of Oak Friendly Society held last week, a second report of a special subcommittee on the National Insurance Bill was submitted. The chairman said that the most serious matter affecting the society had been the attitude of the doctors. He described the proposal for an income limit of £2 per week as monstrous. The subclause giving the local Health Committees the power to fix the limit in

different districts was really worse than the original demand, for the committee might fix it at a lower figure, and at different figures in different localities; it was, he considered, an outrageous proposal. Eventually the following resolution was unanimously adopted:

That this delegate board, bearing in view the fact that Parliament has decided that the medical benefit shall in all cases be administered by the local Health Committees, this board press for such amendments of the bill as will secure that the approved societies shall have a majority of representatives on the Health Committees.

QUESTIONS IN PARLIAMENT.

Government Ordnance Factory Employees.

Mr. NEWMAN asked whether an employee at a Government ordnance factory who, by way of sick pay, medical attendance, and gratuity on discharge, drew benefit approximately equal to those proposed under the National Insurance Bill, but whose wages had been reduced by a certain sum weekly as a set-off for grant of such benefit, would either at the option of the War Office or himself, be held to fall within exception (b) of Part II of the First Schedule of the bill. Mr. Lloyd George said that it would appear that the employee would be within the exception, but, of course, the decision in such a case would rest with the Insurance Commissioners. He thought it would be a mistake to issue regulations at present.

Minimum Benefits.

Mr. Godfrey Locker-Lampson asked whether the term "minimum benefits" employed in connexion with the benefits set out under Clause 8 of the National Insurance Bill was a misnomer; whether these so-called minimum benefits were reducible under the operation of Clause 31, and would in certain eventualities not be paid; and whether the term "average benefits" would describe them more accurately. Mr. Lloyd George said that having regard to the amount of margin allowed by the actuaries, he hoped that the occurrence of a deficiency would be quite exceptional. Moreover, a society which, through gross mismanagement or for any other reason, had incurred a deficiency, had the option of meeting it by a levy instead of by a reduction of benefits. The term "average benefits" would be very misleading, since there was every reason to suppose that the average benefits would substantially exceed those which had been termed the minimum. He did not think it correct to say that in an appreciable number of cases a good deal less than the minimum benefits would be paid; in the vast majority of cases considerably more than the minimum benefits would be paid. He believed, after consultation with the actuaries, that it was perfectly safe to say that.

Army Officers.

In reply to Major Stanley, Mr. Lloyd George said that officers in the army who had no private means and whose pay was less than £160 per annum would not be compulsorily insured under the National Insurance Bill.

The Marquess of Tullibardine asked whether, seeing that officers at out stations were already entitled to $\frac{1}{2}$ d. per diem for medical attendance, they would be allowed to have full benefit for supply of medicine at $\frac{1}{3}$ d. per week, thus making up the sum of 4d. as required by the bill. Mr. Lloyd George said that he would rather consider the question when they came to the clause dealing with the army, and asked for notice.

Elementary School Teachers.

Mr. Bridgeman asked whether elementary school teachers, to whom the Elementary School Teachers' Superannuation Act did not apply, might become insured persons under the National Insurance Bill. Mr. Lloyd George said that teachers to whom paragraph (c) of Part II of the First Schedule did not apply would be on the same footing as persons in any other kind of employment. With regard to the provisions of the Elementary School Teachers' Superannuation Act, 1898, he was not at present prepared to make any statement.

Commission Workers.

In reply to Mr. Goldman, Mr. Lloyd George said that exception (d) in Part II of the First Schedule only referred to an agent not ordinarily employed by one employer only. A person employed by one company only would not be excluded by reason of this exception from the provisions of the bill. Collecting agents for industrial societies whose income varied from £40 to £100 would be entitled to enjoy the benefits of the Insurance Bill.

Medical Examination (Expenses).

Sir Henry Kimber asked whether an approved society would receive any allowance for the expenses of medical examinations of persons applying for admission as insured persons; and, if so, whether such an allowance would be in addition to the proportion of contributions placed to the credit of each society for management expenses. Mr. Lloyd George said that an approved society would not receive any allowance expressly for this purpose.

Payment of Medical Benefits.

Sir Henry Kimber asked how it was intended that an assured person while away from home for change of air, otherwise than in a convalescent home or similar institution, should receive medical benefits. Mr. Lloyd George said that matter might safely be left to the local Health Committees and other organizations responsible for the administration of medical benefit to arrange.

Sickness Benefit (Syphilis).

Sir H. Kimber asked whether, under Section 13, Sub-section 4, an approved society would be allowed to refuse sickness benefit to insured persons suffering from tertiary syphilis which appeared twenty or even forty years after infection—for example, a gumma appearing after a lapse of forty years, and tabes or locomotor ataxy appearing after a lapse of twenty years. Mr. Lloyd George said that matters of this kind would be dealt with in the rules of the society, framed with the consent of its members, and subject to the approval of the Insurance Commissioners.

Administrative Cost.

Sir John Barran asked the Chancellor of the Exchequer whether the administrative cost of the Insurance Bill would be 17 per cent. of the gross revenue; and, if so, seeing that under the present friendly societies the administrative cost was about 4 per cent., whether he would explain the difference between the two figures.

Mr. Lloyd George: I am unable to follow my hon. friend's figures. The sum set apart for administration in the table on page 23 of the Actuaries' Report represents for men 10.2 per cent., and for women 11.5 per cent. of the gross revenue, including 2d. as the equivalent of the State grant towards benefits. If my hon. friend will refer to page 79 of Section XI of the Appendix of the Report of the Chief Registrar of Friendly Societies for 1906 (H.C. 49 of 1907) he will find that the cost of administration for existing friendly societies is 11.9 per cent. of their gross revenue. Of course the total cost of administration will be increased by the expenses of the Insurance Commissioners and other Government departments, but I may point out that if a society can carry on its administration at a less cost than that estimated by the actuaries, the whole of the savings will be available for additional benefits.

Medical Attendance.

Colonel Rawson asked how present members of friendly societies who were over 65, or were in receipt of medical benefit from their society, and did not become insured persons, would be able to continue to receive medical attendance after the bill had passed, seeing that the arrangements with the doctors would now be made by the Health Committees and not by the societies on whom the liability for their sick members rested. Mr. Lloyd George said that the local Health Committees would only intervene in the administration of medical benefit so far as persons insured under the bill were concerned. Those who were insured, but not under the bill, in societies which became approved societies would not be affected.

Hospitals and Asylums.

STAFFORDSHIRE COUNTY ASYLUMS.

Stafford.

THE annual report for 1909 of Dr. J. W. Stirling Christie, the Medical Superintendent of this asylum, shows that on January 1st of that year there were 881 patients on the registers and 866 on the last day of the year. The total cases under care during the year numbered 1,089, and the average number daily resident 877. During the year 208 were admitted, of whom 199 were direct admissions. All the above figures show slight decreases on those of the preceding year. Of the direct admissions for 1909, in 106 the attacks were first attacks within three and in 16 more within twelve months of admission; in 39 not-first attacks within twelve months; and in the remainder, with one exception, the attacks were of more than twelve months' duration, including 13 congenital cases. The admissions were classified according to the forms of mental disorder into: Recent mania, 87, chronic mania, 1; recent melancholia, 49, chronic and recurrent melancholia, 3; senile and secondary dementia, 15; general paralysis, 8; insanity with epilepsy, 14; delusional insanity, none; confusional insanity, 9; various less common forms, 8, and congenital defect, 14. As to the etiological factors in the direct admissions, alcohol was assigned in 40, or 20 per cent., syphilis in 6, influenza in 8, and other toxins in 2; diseases of the nervous system in 19; various bodily affections in 11; child-bearing in 10; critical periods in 18; bodily trauma in 4, and mental stress in 58. An insane heredity was ascertained in 53, or 26.6 per cent., a neurotic and an alcoholic heredity in 1 each, and in 3 congenital mental defect not amounting to imbecility was returned as cause. During the year 63 were discharged as recovered, giving a recovery-rate on the direct admissions of 30.28 per cent., and of recoveries in the direct admissions on the direct admissions of 33.71 per cent. Also 36 were discharged as relieved. During the year 124 died, giving a death-rate on the average numbers resident of 13.97 per cent. All the deaths were due to natural causes, being due in 20 to various forms of cerebral disease; in 29 to pulmonary tuberculosis; in 21 to other lung troubles; in 23 to heart disease, and in 12 to senile decay. We see that 30, or over 24 per cent. of the total deaths, were due to tuberculous disease. The general health was good throughout the year; there were no cases of infectious disease, and the serious casualties were few in number.

Cheddleton.

The Committee say that the year 1909 at this asylum was uneventful; the working of the asylum was more comfortably done owing to increased accommodation. Dr. W. T. Menzies, the Medical Superintendent, in his annual report, says that there were vacancies for 195 patients at the beginning of the year, and at the end of the year the vacant beds numbered 79. On January 1st, 1909, there were 843 patients on the register, and on the last day of the year 959. The total cases under care during the year numbered 1,181, and the average number daily resident 910. During the year 338 were admitted, of whom 214 were direct and 124 indirect admissions. As to their character as regards prospect of recovery, Dr. Menzies says that 237 were already chronic cases on admission, and that in only 101, or 29.88 per cent., was recovery probable. Of the direct admissions, in 68 the attacks were first attacks within three and in 21 more within twelve months of admission; in 31 not-first attacks within twelve months, and in 69 the attacks were of more than twelve months' duration, whilst there were also 26 congenital cases. The direct admissions were classified according to the form of mental disorder into: Mania of all kinds, 56; melancholia of all kinds, 51; senile and secondary dementia, 13; systematized delusional insanity, 2; insanity with epilepsy, 20; general paralysis, 16; primary dementia, 11; insanity with grosser brain lesions, 9; less common forms, 10; and congenital defect, 26. As to the probable causation, alcohol was assigned in 48, acquired syphilis in 39, and congenital syphilis in 11, tuberculosis in 25, influenza in 8, and other toxins in 8; nervous diseases in 49 (epilepsy 34); various bodily defects in 94, of which the chief were cardio-vascular degeneration and valvular heart disease; child-bearing in 15, critical periods in 30, bodily trauma in 12, and mental stress in 67. An insane heredity was ascertained in 54, or 25.2 per cent., an epileptic heredity in 16, a neurotic heredity in 54, one of eccentricity in 1, and an alcoholic heredity in no less than 85. The fact that over 23 per cent. of these admissions had either acquired or inherited syphilis, and that over 39 per cent. had an alcoholic heredity are the striking features of this list. During the year 79 were discharged as recovered, giving a recovery-rate on the direct admissions of 36.91 per cent., or of recoveries in and on the direct admissions of 35.05 per cent.; also 19 as relieved and 13 as not improved. During the year 111 died, giving a death-rate of 12.20 per cent. on the average numbers resident. The deaths were due in 21 to nervous diseases, with 14 from general paralysis; in 18 to diseases of the heart and blood vessels; in 13 to chronic Bright's disease; in 1 each to asphyxia and chronic peritonitis; in 12 to senile decay, and in 45 to general diseases, including 22, or 19.8 per cent. of the total deaths, from tuberculous diseases. Dr. Menzies furnishes a special statement of the tuberculosis statistics for the year, showing that 10.65 per cent. of the admissions were diagnosed as exhibiting signs of tuberculous disease; that no less than 75.47 per cent. of the autopsies showed either active or obsolescent tuberculous disease; and that 133 of

the patients remaining at the end of the year, or 13.86 per cent., suffered from tuberculous disease.

Burntwood.

In his annual report for 1909 Dr. J. B. Spence, Medical Superintendent of this asylum, alludes to the rather hard case of the asylum officials of Staffordshire with respect to the Asylum Officers' Superannuation Act. Before the passing of this Act Staffordshire officials of the first class already rejoiced in the benefits of a pension scheme which permitted them to retire after twenty-seven years' service with a full two-thirds of their retiring salary and emoluments. Under the new Act they must serve thirty-four years before receiving similar benefits. It is to be earnestly hoped that a number of years sufficient to place them under the favourable conditions which existed before the passing of the new Act may be added in the case of those who joined the service under the former conditions. Passing to the statistics for the year, there were on the asylum register on January 1st 888 patients, and on the last day of the year 868. The apparent decrease for the year was due to the transference, because of overcrowding, of 60 male patients to Cheddleton. The total cases under care during the year numbered 1,182, and the average number daily resident 883. During the year 294 were admitted, as compared with 271 in 1908. Of the admissions, 280 were direct and 14 indirect admissions. In 115 of the direct admissions the attacks were first attacks within three and in 52 more within twelve months of admission; in 41, not-first attacks within twelve months; in 43, whether first or not, the attacks were of more than twelve months' duration; in 6 the duration was unknown, and 20 were congenital cases. The direct admissions were classified according to the forms of mental disorder into: Mania of all kinds, 166; melancholia of all kinds, 34; senile and secondary dementia, 11; insanity with epilepsy, 30; general paralysis, 17; insanity with grosser brain lesions, 2; and congenital defect, 20. As to probable causation, alcohol was assigned in 63, or 22.5 per cent., syphilis in 5, influenza in 8, and specific fevers in 3, nervous diseases in 57 (epilepsy 46), other bodily disorders in 7, child-bearing in 16, critical periods in 33, bodily trauma in 10, and mental stress in 83. An insane heredity was ascertained in 89, or 31.7 per cent., an alcoholic heredity in 18, and of neuroses, epilepsy, or eccentricity in 12, giving a combined neuropathic heredity in 119, or 42.5 per cent. During the year 88 were discharged as recovered, giving a recovery-rate on the direct admissions of 31.42 per cent., or of recoveries in the direct admissions on the direct admissions of 30.0 per cent.; also 90 as relieved and 10 as not improved. During the year 126 died, giving a death-rate on the average numbers resident of 14.26, which is slightly below the average for the last nine years (14.49) at this institution. The deaths were due in 63 to nervous diseases, including 30 from general paralysis, in 12 to diseases of the heart and blood vessels, in 3 to diseases of the lungs, in 9 to senile decay, in 1 to cut throat (inflicted before admission), and in 38 to general diseases, including 26 from tuberculous diseases.

Vital Statistics.

ENGLISH URBAN MORTALITY IN THE SECOND QUARTER OF 1911.

In the accompanying table will be found summarized the vital statistics of seventy-seven of the largest English towns, based upon the Registrar-General's weekly returns for the second quarter of the year. The 105,158 births registered in these towns were equal to an annual rate of 26.1 per 1,000 of the population, estimated from the unreviewed results of the recent census at 16,157,797 persons in the middle of the year; in the corresponding quarters of the three preceding years the rates were 27.9, 26.6, and 26.1 per 1,000 respectively. In London the birth-rate last quarter was equal to 25.2 per 1,000, while it averaged 26.5 per 1,000 in the seventy-six other large towns, and ranged from 15.3 in Hastings, 15.6 in Bournemouth, 17.6 in Hornsey, 19.3 in Bradford, 19.4 in Halifax, and 19.7 in Brighton, to 32.0 in West Hartlepool, 32.4 in Gateshead, 32.5 in St. Helens, 32.6 in Middlesbrough, 32.8 in Sunderland, 34.3 in Merthyr Tydfil, and 35.8 in Rhondda.

The 55,649 deaths registered in these towns last quarter were equal to an annual rate of 13.8 per 1,000, the death-rates in the second quarter of the three preceding years having been 13.7, 13.9, and 12.6 per 1,000 respectively. In London the death-rate during the quarter under notice was 13.2 per 1,000; in the seventy-six other large towns it averaged 14.1 per 1,000, and ranged from 8.7 in Reading, 9.1 in Hornsey, 9.6 in King's Norton, 9.7 in East Ham and in Handsworth (Staffs), and 9.8 in Leyton, to 16.1 in South Shields and in Tynemouth, 16.3 in Sunderland, 16.6 in Newcastle-on-Tyne, 16.9 in Stoke-on-Trent, 18.3 in Liverpool, and 19.4 in Middlesbrough.

The 55,649 deaths from all causes included 2 which were referred to small-pox, 2,268 to measles, 236 to scarlet fever, 493 to diphtheria, 1,236 to whooping-cough, 148 to enteric fever, and 836 (among children under 2 years of age) to diarrhoea and enteritis. The 2,268 deaths from measles were equal to an annual rate of 0.56 per 1,000; in London the death-rate from this disease was 0.61 per 1,000, while it averaged 0.54 in the seventy-six other large towns, among which the rates ranged upwards to 1.08 in Great Yarmouth, 1.10 in Manchester, 1.14 in South Shields, 1.31 in Stockton-on-Tees, 1.36 in Plymouth, 1.42 in Devonport, and 1.59 in Rhondda. The 236 fatal cases of scarlet fever corresponded to an annual rate of 0.06 per 1,000; in London the rate was 0.04 per 1,000, while among the seventy-six other towns the highest rates were 0.18 in Rochdale, 0.19 in Stoke-on-Trent, 0.20 in Liverpool, 0.22 in Huddersfield, and 0.34 in Coventry. The 493 deaths from diphtheria corresponded to a rate of 0.12 per 1,000; the death-rate in London from this disease was 0.11 per 1,000, while it averaged 0.13 in the seventy-six other large towns, and ranged upwards to 0.28 in Swansea, 0.29 in Bolton, 0.31 in Croxson, in Salford, and in Gateshead, 0.32 in Reading, and 0.34 in Stoke-on-Trent. The 1,236 fatal cases of whooping-cough were equal to an annual rate of 0.31 per 1,000; in London the rate was 0.32 per 1,000, while it averaged 0.30 in the seventy-six other large towns, and ranged upwards to 0.61 in Sunderland, 0.63 in Wigan, 0.67 in Bristol, 0.72 in Burnley and

in Newcastle-on-Tyne, 0.78 in Blackburn, 0.89 in Warrington, and 1.03 in Middlesbrough. The 148 deaths referred to enteric fever were equal to a rate of 0.04 per 1,000; in London the death-rate from this disease was only 0.01 per 1,000, while among the seventy-six other large towns the highest rates were 0.11 in Reading, in Stockport, and in Bolton, 0.12 in Halifax, 0.18 in Wigan, 0.21 in Preston, 0.29 in Devonport, and 0.32 in Rotherham. The 836 deaths from diarrhoea and enteritis (among children under 2 years of age) were equal to an annual rate of 0.21 per 1,000; in London the mortality from this cause was equal to a rate of 0.19 per 1,000; among the seventy-six other large towns the rate averaged 0.22, and ranged upwards to 0.40 in Wigan, 0.42 in Birmingham, 0.44 in Rhondda, 0.47 in Liverpool, 0.54 in Merthyr Tydfil, 0.57 in Middlesbrough, and 0.64 in West Bromwich. The 2 deaths from small-pox belonged respectively to London and Bootle.

Infant mortality, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 96 per 1,000 last quarter, against 100, 101, and 96 in the corresponding quarters of the three preceding years. In London the rate of infant mortality during the quarter under notice was 89 per 1,000, while it averaged 99 in the seventy-six other large towns, and ranged from 47 in Reading, 55 in Bournemouth, 60 in Brighton, 61 in Burton-on-Trent, and 67 in Hornsey and in Wallasey, to 122 in Merthyr Tydfil, 125 in Middlesbrough, 138 in Bury, 141 in Stoke-on-Trent, 144 in Burnley, and 145 in Blackburn.

The causes of 449, or 0.8 per cent., of the deaths in the seventy-seven towns last quarter were not certified either by a registered medical practitioner or by a coroner. The highest proportions per cent. of uncertified deaths were 3.2 in Burnley, 3.3 in Birmingham, 4.0 in Warrington, 4.3 in Barrow-in-Furness, 5.8 in Bootle, and 7.1 in Gateshead.

HEALTH OF ENGLISH TOWNS.

In seventy-seven of the largest English towns 7,072 births and 5,770 deaths were registered during the week ending Saturday last, August 12th. The annual rate of mortality in these towns, which had been 12.1, 13.6, and 15.9 per 1,000 in the three preceding weeks, further rose to 18.6 per 1,000 in the week under notice. In London the death-rate was equal to 18.7, against 11.4, 13.7, and 15.5 per 1,000 in the three preceding weeks. Among the seventy-six other large towns the death-rates last week ranged from 7.3 in Barrow-in-Furness, 8.0 in Stockton-on-Tees, 8.9 in King's Norton, 9.2 in Bournemouth, and 9.5 in York to 26.4 in Aston Manor, 28.0 in Stoke-on-Trent and in St. Helens, 29.7 in West Bromwich, and 38.1 in Dewsbury. Measles caused a death-rate of 1.6 in Wolverhampton, and diarrhoea and enteritis (of children under 2 years of age) of 11.7 in Wigan and in Dewsbury, 12.2 in West Bromwich, 12.4 in West Ham, 13.1 in Stoke-on-Trent, 14.0 in St. Helens, and 16.0 in Aston Manor. The mortality from the remaining epidemic diseases showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. Of the 5,770 deaths registered in the seventy-seven towns, the causes of 26, or 0.5 per cent., were not certified either by a registered medical practitioner or by a coroner after inquest, and included 6 in Birmingham, 4 in Liverpool, and 2 in Grimsby. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 1,358, 1,412, and 1,433 at the end of the three preceding weeks, further rose to 1,442 at the end of the week under notice; 159 new cases were admitted during the week against 199, 209, and 191 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

In eight of the principal Scottish towns 793 births and 471 deaths were registered during the week ending Saturday, August 12th. The annual rate of mortality in these towns, which had been 14.9 and 13.8 per 1,000 in the two preceding weeks, rose to 14.4 in the week under notice, but was 4.2 per 1,000 below the mean rate during the same period in the large English towns. Among the several Scottish towns the death-rates last week ranged from 12.2 in Edinburgh and 12.5 in Aberdeen to 16.0 in Perth and 21.5 in Greenock. The mortality from the principal epidemic diseases averaged 3.0 per 1,000, being highest in Glasgow and Greenock. The 229 deaths from all causes registered in Glasgow included 1 from enteric fever, 4 from measles, 1 from scarlet fever, 5 from whooping-cough, 2 from diphtheria, and 42 (of children under 2 years of age) from diarrhoea and enteritis. Four deaths from infantile diarrhoea were recorded in Edinburgh and 6 in Greenock; 3 deaths from measles in Aberdeen and 3 in Leith; 3 deaths from whooping-cough in Paisley; and 1 death from small-pox in Dundee.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, August 5th, 594 births and 371 deaths were registered in the twenty-two principal urban districts of Ireland, as against 654 births and 362 deaths in the preceding period. The annual death-rate in these districts, which had been 16.7, 16.8, and 16.4 per 1,000 in the three preceding weeks, rose to 16.8 per 1,000 in the week under notice, this figure being 0.9 per 1,000 higher than the mean average death-rate in the seventy-seven English towns for the corresponding period. The figures in Dublin and Belfast were 18.9 and 16.6 respectively, those in other districts ranging from 6.9 in Armagh and 7.9 in Galway to 21.4 in Lisburn and 22.9 in Newtownards, while Cork stood at 15.6, Londonderry at 19.2, Limerick at 12.2, and Waterford at 17.1. The zymotic death-rate in the twenty-two districts averaged 3.8 per 1,000 as against 3.9 in the preceding week.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: Staff Surgeon H. R. H. DENNY to the *Carnarvon*, August 9th; Staff Surgeon E. FOLLIOTT to the *Amethyst*, on recommissioning, undated; Surgeon J. G. DAWSON, M.B., to the *Devonshire*, August 9th; Surgeon A. SCOTT, M.B., to the *Andromeda*, August 9th; Surgeon C. F. WILLES to the *Glory*, August 9th; Surgeon G. J. CARR to the *Albion*, August 9th.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

MAJORS R. J. D. HALL, C. E. G. STALKARTT, M.D., C. J. HEALY, M.B., and T. J. LENEHAN, M.B., are placed on retired pay, dated July 28th. Major Hall was appointed Surgeon-Captain, July 28th, 1896; and Major, July 28th, 1898. Majors Stalkartt, Healy, and Lenehan were appointed

Surgeon-Captain, July 28th, 1891, and Major, July 28th, 1893. Their war records include: Major Stalkartt—South African war, 1900, including actions at Paardeberg and Karee Siding (Queen's medal with two clasps). Major Healy—North-West Frontier of India campaign in 1897-8 (medal with clasp); Tirah Expeditionary Force, 1897-8 (clasp); South African war, 1901-2 (Queen's medal with three clasps).

Major F. J. WADE-BROWN also retires on retired pay, July 29th. Appointed Surgeon-Captain, July 28th, 1891, he became Major, July 28th, 1903. He was in the South African war in 1899-1902, being present in operations in Orange River and Cape Colonies (Queen's medal with two clasps and King's medal with two clasps).

The following Lieutenants are confirmed in their rank: C. M. FINNY, M.B., J. D. KIDD, M.B., W. S. R. STEVEN, M.B., GORDON WILSON, M.B., E. G. S. CANE, F. A. ROBINSON, M.B., W. A. FROST, M.B., DOUGLAS REYNOLDS, M.B., C. D. K. SEAVER, W. T. GRAHAM, M.B., WALTER BISSET, M.B., W. L. E. FRETZ, M.B., PATRICK HAYES, M.B. They were appointed on probation, January 27th, 1911.

Captain F. J. STUART, M.B., who is serving in India, is recognized as Specialist in the Prevention of Disease, and is appointed to the charge of the Brigade Laboratory at Fyzabad, from May 22nd.

Captain G. F. DAWSON, M.B., also serving in India, is appointed Specialist in Dermatology, from May 17th.

Lieutenant-Colonel G. W. BRAZIER-CREAGH, C.M.G., retires on retired pay, August 2nd. He entered the service as Surgeon, July 30th, 1881; became Surgeon-Major, July 30th, 1893; and Lieutenant-Colonel, July 30th, 1901. He served in the South African war in 1899-1902, and was present at the relief of Ladysmith, in the actions of Colenso, Spion Kop, Vaal Kranz, the Tugela Heights, and Pieters Hill; he was also in operations in the Transvaal, in Natal (including the action at Laing's Nek), in the Orange River Colony, and on the Zululand Frontier of Natal; he was several times mentioned in dispatches, appointed a Companion of the Order of St. Michael and St. George, and granted the Queen's medal with six clasps and the King's medal with two clasps.

Lieutenant-Colonel DANIEL HENNESSY, M.D., also retires on retired pay, August 2nd. His commissions were thus dated: Surgeon-Captain, July 28th, 1886; Major, July 28th, 1898; and Lieutenant-Colonel, July 28th, 1906. He took part in the operations in Zululand in 1888.

Major B. H. SCOTT is promoted to be Lieutenant-Colonel, vice J. R. Forrest, retired, June 21st. Lieutenant-Colonel Scott entered as Surgeon-Captain, February 5th, 1887, and was made Major, February 5th, 1899. He was present with the Chitral Relief Force in 1895 (medal with clasp), and with the Karene expedition during the operations in Sierra Leone in 1898-9, when he was severely wounded (medal with clasp).

Brevet Lieutenant-Colonel O. R. A. JULIAN, C.M.G., also becomes Lieutenant-Colonel, vice B. H. Scott, supernumerary to the establishment, June 21st. Lieutenant-Colonel Julian's commissions are contemporaneous with those of Lieutenant-Colonel Scott. In 1899-1902, during the South African war, he was present in operations in Natal (actions at Talana and Lombard's Kop), in the defence of Ladysmith, in operations in the Transvaal, again in Natal (action at Laing's Nek), and again in the Transvaal (actions at Belfast and Lydenberg); he was mentioned in dispatches, nominated C.M.G., and received the Queen's medal with four clasps and the King's medal with two clasps. He was afterwards in operations in the Zakkah Khel country, on the North-West Frontier of India, and was present in engagements at Matia and Kargha; he was mentioned in dispatches, awarded the Brevet of Lieutenant-Colonel, and received a medal with clasp.

Major E. A. BURNSIDE is also promoted to be Lieutenant-Colonel, vice H. L. E. White, retired, July 3rd. Lieutenant-Colonel Burnside's previous commissions also bear date: Surgeon-Captain, February 5th, 1887, and Major, February 5th, 1899. He served in the South African war in 1899-1902, and was in operations in Natal, including the actions at Elandslaagte, Rietfontein, and Lombard's Kop, at the defence of Ladysmith, and in subsequent operations in Natal, the Transvaal, and Orange River Colony; he has received the Queen's medal with four clasps and the King's medal with two clasps.

The following Captains are promoted to be Majors, dated July 27th: W. A. WOODSIDE, L. F. F. WINSLOW, O. W. A. ELSNER, A. A. SEEDS, M.D., H. S. ANDERSON, L. N. LLOYD, D.S.O., T. C. MACKENZIE, D.S.O., E. P. CONNOLLY, J. H. R. BOND, and H. H. NORMAN. Their previous commissions are dated: Lieutenant, July 27th, 1899; Captain July 27th, 1902. All these officers served in various phases of the South African war of 1899-1902, receiving awards as follows: Major Woodside, the Queen's medal with four clasps and the King's medal with two clasps; Major Winslow, the Queen's medal with three clasps; Major Elmsner, the Queen's medal with five clasps and the King's medal with two clasps; Major Seeds, the Queen's medal with three clasps and the King's medal with clasp; Major Anderson, the Queen's medal with four clasps and the King's medal with two clasps; Major Lloyd, the Queen's medal with seven clasps and Distinguished Service Order; Major Mackenzie, the Queen's medal with two clasps, King's medal with two clasps, and Distinguished Service Order; Major Connolly, the Queen's medal with five clasps and the King's medal with two clasps; Major Bond, the Queen's medal with six clasps and the King's medal with two clasps; Major Norman, the Queen's medal with three clasps and the King's medal with two clasps. In addition to the above, Major Mackenzie served in the Sudan in 1908, receiving a medal with clasp, and Major Connolly took part in the Thibet Expedition in 1903-4, receiving a medal with clasp.

The undermentioned Majors to be Lieutenant-Colonels, dated July 29th: THOMAS McCULLOCH, M.B., vice Sir J. Fayer, Bart., retired; JOHN RITCHIE, M.B., vice T. H. F. Clarkson, retired; STUART MACDONALD, M.B., vice D. M. Saunders, retired; M. P. C. HOLT, D.S.O., vice H. W. Austin, retired. Their previous commissions, which were simultaneous, are thus dated: Surgeon-Captain, February 5th, 1887; Major, February 5th, 1899. Their war records include: Lieutenant-Colonel McCulloch—China, 1900 (mentioned in dispatches, medal). Lieutenant-Colonel Ritchie—operations in Sierra Leone and on the Gold Coast, West Africa, in 1898-9 (medal with two clasps), and numerous operations and engagements during the South African war, 1900-2 (Queen's medal with four clasps and King's medal with two clasps). Lieutenant-Colonel Macdonald—with Tirah Expeditionary Field Force, North-West Frontier of India, 1897-8 (medal with two clasps). Lieutenant-Colonel Holt—South African war, 1900-2, including the defence of Ladysmith and various actions (mentioned in dispatches, appointed D.S.O., and granted the Queen's medal with three clasps and the King's medal with two clasps).

Majors W. L. GRAY, M.B., and E. G. BROWNE are also promoted to be Lieutenant-Colonels, August 2nd, the former vice G. W. Brazier-Creagh, retired, the latter vice D. Hennessy, retired. Their earlier commissions are also dated: Surgeon-Captain, February 5th, 1887; Major, February 5th, 1899. Both these officers were with the Chitral Relief Force in 1895, receiving a medal with clasp. Lieutenant-Colonel Gray was also in the South African war in 1900-1, was mentioned in dispatches, and received the Queen's medal with three clasps. Lieutenant (on probation) H. G. MONTETH, from the Seconded List,

is restored to the establishment, July 29th, on which day he was appointed on probation.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL W. B. BANNERMAN is appointed Brevet Colonel, from January 1st, 1911. He served in the Burmese campaign in 1895-9, receiving a medal with two clasps.

Lieutenant-Colonel H. F. CLEVELAND is also appointed Brevet Colonel. He was in the campaign on the North-West Frontier of India in 1897-8 (medal with two clasps), and in the China war in 1900 (medal).

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

CADET-CORPORAL CHARLES C. JONES, M.B., from the University of Birmingham Contingent, Officers' Training Corps, to be Lieutenant (on probation), July 22nd.

TERRITORIAL FORCE.

INFANTRY.

Fourth Battalion Loyal North Lancashire Regiment.—Surgeon-Captain J. W. RIGBY resigns his commission, retaining his rank and uniform. August 12th.

ROYAL ARMY MEDICAL CORPS.

First South-Western Mounted Brigade Field Ambulance.—Major G. R. SWINHOE, whose resignation was announced in the *London Gazette* of August 10th, 1909, is permitted to retain his rank and uniform.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

BEDFORD COUNTY HOSPITAL.—House-Physician. Salary £80 per annum.

BETHLEM HOSPITAL, Lambeth Road, S.E. — Locumtenent, Honorarium, 4 guineas a week.

BETHNAL GREEN INFIRMARY.—Assistant Medical Officer. Salary, £100 per annum.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Junior House-Surgeon. Salary, £70 per annum.

BRISTOL GENERAL HOSPITAL.—House-Physician. Salary, £60 per annum.

CANTERBURY BOROUGH ASYLUM.—Assistant Medical Officer (male). Salary to commence, £140 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Surgeon. Salary, £90 per annum.

CARLISLE: CUMBERLAND INFIRMARY.—Resident Medical Officer (male), to act as House-Physician and House-Surgeon for six months each. Salary at the rate of £80 and £100 per annum respectively.

COLCHESTER: ESSEX COUNTY HOSPITAL.—(1) House-Surgeon. (2) House-Physician. Salary, £80 per annum each.

CROYDON GENERAL HOSPITAL.—(1) Senior House-Surgeon; (2) Junior House-Surgeon. Salary, £105 and £60 per annum respectively.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Salary at the rate of £50 per annum.

ECCLES AND PATRICROFT HOSPITAL.—House-Surgeon. Salary, £60 per annum.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—(1) House-Surgeon; salary, £100 per annum. (2) Assistant House-Surgeon; salary, £75 per annum.

HALIFAX: ROYAL HALIFAX INFIRMARY.—(1) Senior House-Surgeon (male); salary, £120 per annum. (2) Third House-Surgeon (male); salary, £80 per annum.

HARTLEPOOLS HOSPITAL.—House-Surgeon. Salary, £100 per annum.

HEMEL HEMPSTEAD: WEST HERTS HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

HOSPITAL FOR WOMEN, Soho Square, W.—Resident Medical Officer. Salary at the rate of £50 per annum.

LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—(1) Three House-Surgeons. (2) Two House-Physicians. Salary at the rate of £60 per annum.

LIVERPOOL UNIVERSITY.—Chair of Pathology. Salary not less than £600 per annum.

LONDON UNIVERSITY.—Graham Scholarship in Pathology. Value, £200 per annum.

MACCLESFIELD GENERAL INFIRMARY.—Senior House-Surgeon. Salary, £100 per annum.

MANCHESTER: ANCOATS HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum.

MANCHESTER CHILDREN'S HOSPITAL.—(1) Visiting Surgeon; salary, £100 per annum. (2) Male Resident Medical Officer; salary for first six months £40, and for second six months £50.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.—Assistant Medical Officer and Pathologist. Salary, £60 per annum.

MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon. Salary, £80 per annum.

NEWCASTLE-UPON-TYNE CITY ASYLUM, Gosforth. — Junior Assistant Medical Officer (male). Salary, £140 per annum, rising to £160.

NEWCASTLE-UPON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £160 per annum, increasing to £180.

NORTHAMPTON GENERAL HOSPITAL.—House-Surgeon (male). Salary, £90 per annum, increasing to £100.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon (male). Salary, £160 per annum.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL, Casualty House-Surgeon. Salary, £80 per annum.

PRESCOT UNION.—Resident Assistant Medical Officer. Salary, £120 per annum.

PRESTON ROYAL INFIRMARY.—Junior House Surgeon (male). Salary at the rate of £60 per annum.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Salary at the rate of £50 per annum, rising to £60 on appointment as Senior.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Surgeon. Salary at the rate of £80 per annum.

RYDE: ROYAL ISLE OF WIGHT COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £125 per annum.

ST. PAUL'S HOSPITAL FOR SKIN AND URINARY DISEASES, Red Lion Square, W.C.—Clinical Assistant.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, Covent Garden, W.C.—Junior House-Surgeon. Salary at the rate of £50 per annum.

SHEFFIELD UNIVERSITY.—Junior Demonstrator in Pathology. Salary, £150 per annum.

SOMERSET AND BATH ASYLUM, Cotford.—Assistant Medical Officer. Salary, £140 per annum, rising to £160.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—House-Physician. Salary, £100 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Junior House-Surgeon (male). Salary, £90 per annum.

SUNDERLAND: ROYAL INFIRMARY.—Male House-Physician. Salary at the rate of £80 per annum.

WARRINGTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon. Salary at the rate of £100 per annum.

WEST HAM AND EASTERN GENERAL HOSPITAL, Stratford, E.—Junior House-Physician. Salary, £75 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) Two House-Physicians. (2) Three House-Surgeons.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY.—Senior House-Surgeon. Salary, £120 per annum.

APPOINTMENTS.

EMRYS-JONES, Franklin, B.A.Cantab., L.M.S.S.A., X-ray Expert to the Coventry School Clinic.

EVANS, T., M.R.C.S., L.R.C.P., Medical Officer of Health of the Borough of Swansea.

HALL-EDWARDS, John, L.R.C.P.Edin., L.M., X-ray Expert to the Coventry School Clinic.

HALPIN, R. Edgar, L.D.S., Dentist to the Coventry School Clinic.

HOWARD, T., M.B., B.Ch.R.U.I., Medical Officer of Health of the Weymouth Port Sanitary Authority.

MACLENNAN, Alex., M.B., C.M., Consulting Surgeon to the East Coast Railway Companies for the Glasgow District.

NEWSHOLME, H. P., M.B.Oxon., D.P.H., M.R.C.P., B.Sc.Lond., Resident Medical Officer to the Brighton Borough Fever Hospital.

ROBINSON, J. E., M.B., B.S.Lond., Medical Officer of Health of the County of Dorset.

WHITTINGTON, T. H., M.R.C.S., L.R.C.P., Second Resident Assistant Medical Officer of the St. Marylebone Union Infirmary.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in Post Office Orders or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTHS.

BERNSTEIN.—On August 12th, at 43, Queen Anne Street, W., to Dr. and Mrs. Julius Bernstein—a daughter.

MADDISON.—On August 12th, at 123, Stamford Hill, London, N., the wife of T. W. Maddison, M.B., M.R.C.S., of a daughter.

DEATH.

RUSSELL.—On August 10th, at the Lawn, Lincoln, Agnes Catherine, wife of Dr. A. P. Russell.

DIARY FOR THE WEEK.

POST-GRADUATE COURSES AND LECTURES.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith Road, W.—Medical and Surgical Clinics, X Rays and Operations, 2 p.m. daily. Monday: Gynaecology, 10 a.m.; Pathological Demonstration, 12 noon; Eye, 2 p.m. Tuesday: Gynaecological Operations, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Wednesday: Diseases of Children, 10 a.m.; Clinical Pathology, 12.15 p.m.; Throat, Nose, and Ear Operations, 10 a.m.; Eye, 2 p.m.; Gynaecology, 2 p.m. Thursday: Eye, 2 p.m.; Orthopaedics, 2 p.m. Friday: Gynaecological Operations, Demonstration, 10 a.m.; Throat, Nose, and Ear, 2 p.m.; Skin, 2 p.m. Saturday: Diseases of Children, 10 a.m.; Throat, Nose, and Ear Operations, 10 a.m.; Eye, 10 a.m. Lectures at 5 p.m., Tuesday, Wednesday, and Thursday.

PUBLISHERS' ANNOUNCEMENTS.

MESSRS. WILLIAM GREEN AND SONS, of Edinburgh, announce the publication of a volume, entitled *A Quinquennium of Medicine and Surgery, 1906 to 1911*, intended to serve as a guide to such new methods of treatment introduced during the five years as are likely to remain as permanent additions to our resources for treating disease. The volume, which has been edited by Dr. J. W. Ballantyne, contains 1,252 articles, arranged in alphabetical order. All the more important have been written by specialists, and the editor's effort has been to include every new medical term originated during the period.