

BRITISH MEDICAL ASSOCIATION.
SUBSCRIPTIONS FOR 1897.

SUBSCRIPTIONS to the Association for 1897 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office Orders should be made payable at the General Post Office, London.

British Medical Journal.

SATURDAY, JANUARY 23RD, 1897.

THE QUEEN'S SPEECH.

THE programme of legislation set out in the Queen's Speech, while it does not involve the discussion of any question immediately affecting the organisation of the medical profession, promises more than one measure which presents aspects of great medical importance upon which the voice of the medical profession should make itself heard. To the Employers' Liability Bill and to the questions of medical interest which it raises we refer below, as also to the reference in the earlier part of the speech to the epidemic of bubonic plague, the international importance of which is every day becoming larger.

The announcement that among the Bills prepared for submission to Parliament by the Government, "if opportunity for considering them should be found," is a Bill for the establishment of reformatories for inebriates will have been welcome intelligence to most of our readers. The late Cabinet, through the then Home Secretary, fully redeemed its promise to a joint deputation from the British Medical Association's Inebriates' Legislation Committee, the Society for the Study of Inebriety, and the Homes for Inebriates Association, to propose such a measure in the Inebriates Bill introduced by Lord Chancellor Herschell. The present Home Secretary, Sir Matthew Ridley, made a similar promise to a succeeding joint deputation, at which the Chairman of the Inebriates' Legislation Committee was supported by his Eminence Cardinal Manning, Canon Duckworth, Sir William Charley, Q.C., Dr. Danford Thomas, and other representative men. It is gratifying to find a conditional fulfilment of Sir Matthew Ridley's promise in the Royal Speech. The Inebriates' Legislation Committee have never relaxed their efforts to press the importance and urgency of amended legislation for habitual drunkards on the Government, as well as on all classes in the community. No later than last Tuesday an appeal was sent from the Chairman of the Committee to the Prime Minister, the Lord Chancellor, and the Home Secretary, regretting that the promised measure could not be brought forward last session, and trusting that it would be introduced during the current session. This letter restated the improvements proposed by the Committee: power compulsorily to seclude, provisions for the poor, the inclusion of habitual additions to opium, morphine, and other narcotics, the removal of existing hindrances to the reception of voluntary applicants in retreats, and the inspection of inebriates treated privately. It is understood that the forth-

coming Bill may, in view of the difficulty in passing measures through Parliament, be limited to police-court offenders; but we feel that any Bill which will present a genuine instalment of remedial legislation will be heartily supported by the medical profession, and we may express the earnest hope that the Government will find time for its discussion, and take steps to pass it through both Houses at an early stage of the session.

The "spirit of prudent foresight" and "provisions for adding to the military defences of the empire," commended to the House of Commons, clearly indicate that some additions to and reorganisation of our military forces are contemplated. It can hardly be supposed that a substantial increase in the effective strength of men will be made, and the Army Medical Service left actually undermanned, as it is at present. Every thousand men added requires an addition to the staff of medical officers. How are these to be found when even existing vacancies cannot be filled? That is the problem before the military authorities which must be faced, and driven home when the estimates come before the House. It is high time the War Office made peace with the medical profession by reasonable concessions to army medical officers.

Perhaps, however, the point about the Queen's Speech which will most nearly interest the general body of the medical profession is not what it contains but what it omits. There is no reference to the question of vaccination, no promise of legislation, as an outcome of the long-delayed report of the Royal Commission on Vaccination. The omission will cause keen regret, for the present state of uncertainty, which has continued now for so many years, is a source of great risk to the public health. It would seem, however, that we must face a continuance of this state of uncertainty for another year at least. No doubt the Government will be invited at an early date to give their reasons for their failure to introduce any legislative measure, and we assume that the answer will be that sufficient time has not yet been afforded for the consideration of the Commissioners' report, and that as the evidence and some of the reports on special inquiries made for the Commission are not yet issued, all the facts upon which the Commission founded its recommendations are not yet available.

PLAGUE PROSPECTS.

WE cannot pretend at present to foretell the ultimate results of the diffusion of bubonic plague in our Indian Empire, but one thing seems certain, and that is that the matter is not unlikely to be a serious one in connection with English commerce, and perhaps with English ports and English public health. That the imminent importance of the subject to this country is beginning to be appreciated is shown by the introduction of a reference to the plague in India into the Queen's speech. The phraseology of the paragraph in the speech is worthy of note. The words are: "I have directed my Government to take the most stringent measures at their disposal for the eradication of the pestilence." This may be read as referring to the Indian Government, but we venture to assert that questions requiring the most earnest attention of the British Government will very shortly arise, if indeed it should not rather be said that they have already arisen.

The announcement that certain Governments have decided to hold an International Conference with a view to united action in Europe means that regulations will be laid down to control traffic passing up the Red Sea into and beyond the Mediterranean. That such regulations should be made is only reasonable, but it is hardly likely that the regulations will be of a character that will commend itself to the common sense of this country. And it is with regret, and a feeling akin to indignation, that we find the Crown Colony of Malta leading the way to restrictions that are altogether unreasonable and opposed to common sense. A Reuter's telegram from Malta, dated January 18th, announces that "twenty days' quarantine has been enforced at Malta on all vessels from Bombay;" that is to say on every vessel, notwithstanding the fact that she may have had an absolutely clean bill of health and a complete medical administration on board during the whole voyage. If such an imposition is necessary at Malta, it is necessary everywhere else; in other words, relations with Bombay or any other plague-infected port must practically cease. And yet it is in the face of such an example as this on the part of a British Colony that an International Conference is proposed to Great Britain. The precise relations subsisting between the Government of this country and our Crown Colonies may be a nice question for constitutional lawyers, but the sooner the matter is made clear, whether we are helpless or not, the better for the nation.

As regards English ports, we must be on the alert. Plague is an insidious disease, and at times manifests itself at first by symptoms that are comparatively trivial. The new order as to plague and cholera issued by the Local Government Board gives a power of inspecting every individual who reaches this country from an infected port, and this power can be acted on, without any undue hindrance to those who are healthy. Those ports which have neglected to make proper provision for the isolation of infectious patients should also, forthwith, mend their ways in this respect.

As to public health generally, it must be remembered that this country is in weekly, almost daily, communication with a country where there prevails in epidemic form a disease which has the closest connection with filth. Many English towns can be found where filth about houses, filthy foundations of dwellings, and filth having access to water supplies are known to exist. These are not the places which should run any risk of the importation into them of even mild and obscure cases of a disease, such as plague. The fact that the risk is announced in advance to such towns by a port medical officer of health, who sends on the addresses of people landing from ships sailing from infected ports, is but a poor guarantee for places that have neglected that action as to "filth diseases" with which the safety of the public health is inseparably bound up.

ACCIDENTS AND THEIR CONSEQUENCES.

THESE are none who have a more intimate knowledge than the members of our profession of the sad and harrowing accidents which befall sailors, miners, and journeymen of all handicrafts in the course of their daily employment. We are familiar with the straits of the desolate home while the breadwinner lies maimed in hospital, and with the shifts and devices of his family to find a new means of livelihood.

Men must work and accidents will happen. According to the Labour Statistics for 1895 issued by the Labour Department, fatal accidents occurred to 1,096 miners, 489 railway servants, 455 factory operatives, 515 fishermen, and so on. Notification is so incomplete that the total number of fatal accidents to workmen is unknown, nor can their proportionate distribution among the various handicrafts be given. Although accidents which are not fatal must be far more numerous—according to the estimate in German industries as 40 to 1—there is no uniform system for reporting them. It is still more difficult to estimate the proportion of accidents which are the fault of nobody and those which are due to the negligence of employers or fellow-workmen. According to some useful German figures which were reported to the Washington Government the employer is accountable for 19.76 of the accidents, and the fellow-workmen for 3.28. And so 77 per cent. are the fault of the injured man himself or are nobody's fault.

Prevention of accident comes less within the scope of the medical profession than the prevention of disease, and the question of compensation is quite beyond our sphere. It is, therefore, as sympathetic spectators that we must regard the coming strife of the parliamentary session over the readjustment of employers' liability. "Margaret Ogilvy," says Mr. Barrie, "could never be brought to look upon politics as a serious concern for grown folks." To be good citizens, and to take a responsible share in public affairs, is, however, a duty which we all acknowledge. But all we shall here attempt is to trace the probable influence, for good or evil, of the several suggestions which are put forward upon the existing arrangements for the prevention and treatment of accidents. The hospitals of the United Kingdom, whatever their defects, have kept sweet the name of charity amongst English-speaking people. It is to them the ambulance hurries with the maimed and crippled without jarring upon their sense of independence, and no one wishes to see the resources of charitable institutions deflected to any other purpose. But their maintenance might become a serious question if employers were compelled to pay compensation to their workmen in every case of accident. There is much that is attractive in the Bill for Compensation of Workmen's Accidents which Sir Arthur Forwood proposed to introduce. More than twelve months ago we described its provisions, and it is needless to repeat them in detail now. In case of death or total disablement of a workman the employer is to pay three years' wages, with a minimum of £150; for partial disablement the sum is not to exceed one-half of the death claim; for temporary disablement a weekly allowance not exceeding two-thirds of the workman's wage is to be paid for a term not exceeding eighteen months; disputes to be settled in the county court with the assistance of a medical assessor when necessary; and the Employers' Liability Act of 1880 to be repealed.

The Act of 1880, which created the doctrine of common employment, does not appear to have a single friend. County-court judges never tire of denouncing its evasive provisions, and, by common consent, it must be amended. In the last Parliament Mr. Asquith proposed to do away with this doctrine of common employment; an employee was to have the same rights as any other member of the public, so that if he was injured through defect in plant or negligence of foreman or fellow workman he could claim

unlimited damages before a jury. Apart from the disputed question of contracting out, both Houses and both parties gave a cordial assent to the Bill; and it seems probable that Sir Mathew Ridley's Bill will be Mr. Asquith's, with the addition of a contracting-out clause. Of course the amount of compensation is often settled out of court. It appears that there have been 2,590 disputes in the county court under the Act of 1880, and that the average of awarded compensation was nearly £42. With this may be compared the sum of £13, which is rather more than the average compensation awarded by the Shipping Federation to sailors who have put themselves upon the register. It was some of the railway companies, especially the London and North-Western, which made the fighting in the last Parliament for the contracting-out clause. Company and employees mutually contribute, and the sum is divided amongst the injured men, who agree not to seek compensation otherwise. Other companies are now busily promoting mutual benefit funds, and will be prepared to contract out of the new Act; the Shipping Federation is trimming to the times, and it is clear that the new Act is expected to be a very good one to get out of. But if the clause is to be allowed to swallow up the law, it would surely be a simpler plan to adopt Sir Arthur Forwood's Bill as the Government measure. By this Bill every injured workman will be secure of a moderate compensation, while the "quasi-penal" damages of Mr. Asquith's Bill, to which some employers strongly object, would be abolished. Take the case of a domestic servant or charwoman who becomes totally disabled by an accident which is nobody's fault; her employer must pay £150 in compensation, and obviously will have insured against such a casualty.

The only plain objection to this course is that it altogether loses sight of the prevention of accidents which counts for so much with the medical profession. Money is not everything, though it is very nearly everything. Hospital subscriptions may be withdrawn to pay insurance premiums, and nothing be done to diminish the list of horrors which the newspapers are now depicting. It is this fear which induces us to hope that if moderate compensation for all cases of accident be made the rule, a "quasi-penal" clause may be retained for occasional resort in clear cases of culpable negligence. If a workman went to a jury without good cause the costs would be payable out of the moderate compensation to which he would be entitled. A jury has often awarded damages to an injured employee, when there was little evidence of negligence, on the moral ground that "the man ought to have something given to him, you know." With Sir Arthur Forwood's alternative there would no longer be the temptation to stretch a point in law.

We regret to have to record the death on January 19th, of Dr. Edward Ballard, F.R.S. Dr. Ballard, who was in his 76th year, was well known as a Medical Inspector for many years of the Local Government Board, for which he carried out many important inquiries.

OUR Berlin correspondent writes that there is absolutely no foundation for the rumour which has found currency during the past week to the effect that Professor von Bergmann had been summoned to St. Petersburg to attend upon the Czar. Professor Bergmann is in Berlin, and categorically denies the report.

THE Lettsomian Lectures before the Medical Society of London will be given by Dr. de Havilland Hall on the following Mondays: February 1st, February 15th, March 1st, at 8.30 P.M. on each day. The subject is Diseases of the Nose and Throat in Relation to General Medicine.

THE JUBILEE OF ANÆSTHESIA IN MIDWIFERY.

PROFESSOR SIMPSON, lecturing to his students in the class of midwifery of the University of Edinburgh, on Tuesday, January 19th, the fiftieth anniversary of the first use of anæsthesia in midwifery practice, by Sir James Simpson, took for his subject the notable career of his famous predecessor in the chair.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

MR. W. THOMSON, President of the Royal College of Surgeons in Ireland, entertained His Excellency the Lord Lieutenant at dinner on Saturday, January 16th. Among those who had the honour of receiving invitations to meet His Excellency were the Lord Chancellor, Field-Marshal Lord Roberts, Lord Lister, the President of the Royal College of Surgeons of England, Dr. Duffey, the President of the Royal College of Physicians, Ireland; Dr. Little, President of the Royal Academy of Medicine; Viscount Frankfort, Lord Settrington, Earl Granard, Earl of Rosse, Sir John Banks, K.C.B.; Sir W. Stokes, Sir Thornley Stoker, Sir Philip Smyly, Hon. Gerald Cadogan, Sir Thomas Moffett, and many of the leading members of the profession in Ireland.

THE MONTREAL MEETING.

DR. RODDICK, the President-elect of the British Medical Association, has been in London during the past week for the purpose of conferring with the Arrangements Committee and the Council of the Association as to the details of annual meeting which begins on August 31st next in Montreal. That he should have been ready to put aside the multitudinous arrangements which beset a surgeon in busy practice and the Parliamentary representative of a large constituency is a proof, if proof were wanted, of the earnestness with which our Canadian brethren desire the success of the coming meeting. His presence in London at this season of the year has been, indeed, a most effective *argumentum ad hominem*, for if he was ready to face the discomforts of a winter journey across the Atlantic, it would be a reproach to us on this side if we are deterred from making the same trip in the summer season, when the conditions of the voyage are pleasant, and when the great waterway of the St. Lawrence affords a direct means of communication without change of boat, and without a long railway journey. The passenger can go on board at Liverpool and step ashore at Montreal.

THE COCAINE HABIT.

THERE can be no doubt that in many parts of the world cocaine inebriety is largely on the increase. Many writers speak of it as the third scourge of humanity, alcohol and morphine being the first and second. The greatest number of victims is to be found amongst society women and amongst women who have adopted literature as a profession; and there is no doubt that a considerable proportion of chronic cocainists have fallen under the dominion of the drug from a desire to stimulate their powers of imagination. Others have acquired that habit quite innocently from taking coca wines fortified with salts of the alkaloid in solution. It is stated that at Manchester, Kentucky, the cocaine habit has recently assumed the proportions of a veritable epidemic, and that thousands of people are suffering from it. The evil commenced with a local druggist, who advertised a popular remedy for catarrh, which was found on investigation to be a mixture of menthol and cocaine. There was a sudden demand for it, and it was taken to such an extent that many of the victims had to be accommodated in the public lunatic asylum. The symptoms experienced by the victims of the

cocaine habit are illusions of sight and hearing, neuromuscular irritability, and localised anæsthesia. After a time insomnia supervenes, and the patient displays a curious hesitancy and an inability to arrive at a decision on even the most trivial matter. In Paris the use of the hypodermic syringe for the administration of both cocaine and morphine is extremely common, and there are establishments to which ladies of fashion resort periodically in order to have the accustomed stimulant administered. One drug habit rapidly engenders another, and the victim of chronic cocaineism is usually addicted to overindulgence in alcohol, besides being a confirmed cigarette smoker. Most American writers on pharmacology devote much attention to the subject, and deplore the rapidly increasing growth of the vice and the serious deterioration of health which it induces. We understand that in England pharmaceutical chemists are fully alive to the danger, and that, as a rule, they decline to supply preparations of cocaine without a prescription. At all events, in a case which recently came under our notice, a chemist declined to sell even a drachm of a 1 per cent. solution of hydrochlorate of cocaine without a duly authenticated order. This is a wise precaution, and we think that stringent measures should be taken to stamp out an evil which, if once established, is difficult to eradicate. Coca wines made from cocaine, and cocaine lozenges and tablets, should be supplied with the utmost caution, and there should be a distinct understanding that prescriptions containing cocaine should not be dispensed a second time without being reinitialled by the prescriber.

HEALTHY AND UNHEALTHY OYSTERS.

PROFESSOR W. A. HERDMAN, of Liverpool, in discussing the relation of the oyster trade to the general public, and while recognising that these and other shellfish can transmit infective disease, as exemplified in his own experiments carried out with Professor Boyce, insists upon their importance as a healthy and valuable food. He makes certain suggestions as regards obviating the risk of contracting disease from their consumption, and at the same time reassuring the public so that the mollusc may again come into as extensive consumption as formerly. This would be accomplished by some competent authority inspecting the different "layings," and certifying as to their being exposed to no unfavourable hygienic conditions. The importance of having the oyster beds inspected by the central sanitary authority has frequently been insisted on in these columns, but the sanitary authority must have power not merely to grant a certificate as to conditions being favourable for oyster culture, but should also possess the power to prevent oysters from layings exposed to dangerous risks of contamination being put on the market. The difficulty now arises as to what should be done with foreign oysters—Dutch, French, or American—which may frequently have been obtained from very objectionable sources. Professor Herdman suggests that these oysters should be subjected to a species of quarantine by the use of what the French call *dégorgeoirs*—tanks of clean water, in which the oysters ought to be placed for a short time before they are sent to the consumer. The use of these is based upon the fact furnished by laboratory experiments that in oysters infected with typhoid germs subjected to running sea water a great diminution or total disappearance of the typhoid bacillus occurred in from one to seven days. He even suggests that fresh water might be used, and that the "housekeeper" should place the oysters in running water underneath the pantry tap, and states that even one day of this treatment makes a great difference in the washing out of the germs. The period of quarantine to which the oyster should be exposed, in our opinion, should be such as to exclude completely the possibility of subsequent danger, and the process should be carried out in natural running sea water. This could be accomplished by having the oysters relaid for at least three or four weeks in natural sea water, which should be subject to tidal or other influences

ensuring a constant circulation of the water. If this system were adopted all foreign oysters and all natives originating from localities not licensed by the central authority would be subjected to this species of quarantine before being allowed to be put on the market. We cannot agree with Professor Herdman's recommendation as regards the use of tap water for oysters, and we suspect that most people would rather give up the consumption of oysters than partake of them after being subjected, "even for one day," to the influence of running water from the pantry tap. The only effective method of obviating the risk arising from contaminated oysters is not one which would rely upon the consumer taking precautions, but is one which would consist in a central authority preventing all oysters from suspicious sources being placed on the market.

SOLDIERS' MILK.

AN Army Order (No. 198) has been issued recently with reference to the supply of milk for the troops. It directs that before a contract or agreement for the supply of milk is made by a commanding officer or the president of an institute, the sample offered is to be approved by the medical officer in charge of the barracks. A condition of the contract must be that the medical officer shall, without giving notice, visit the farm from which the milk is supplied so as to inspect the dairy, the surroundings, the water used in washing milk pails, and to inquire into the manner in which the cows are stabled and fed. Reports of such inspections will be forwarded for the information of the general officer commanding. The medical officer is frequently to obtain, from units and institutes, samples of milk supplied and test their purity. In what sense this last clause is to be taken, it is not quite easy to understand. It is to be feared that under existing conditions the only testing possible must be of a very rough and ready kind. Certainly nothing like a proper bacteriological and chemical examination can be intended, unless it is in contemplation to establish suitable laboratories for the purpose at every station. This would indeed be an innovation, since at the present time we believe there is no army sanitary laboratory except at Netley. Even from Aldershot it has been necessary in the past to send samples to Netley, and we cannot learn that there is adequate provision made in Ireland or in Scotland. The regulations in the Order with regard to the inspection of dairy farms for supplying milk to troops, and with regard to the cleanliness in the cowsheds and the use of pure water for cleansing purposes, are excellent, but the concluding directions as to testing the purity of the milk appear to be an attempt to throw dust in the eyes of the public. If the War Office authorities are so little acquainted with the appliances required for testing the purity and quality of milk and its freedom from harmful bacteria, they should have sought advice from competent analysts and bacteriologists before inserting in the Order a clause which can only render this country ridiculous in the sight of foreign nations, who are better able to appreciate the value of the application of scientific methods to the preservation of the health of the soldier.

THE BENIN EXPEDITION.

WE understand that in consequence of the fact that a leading part in the Benin expedition is to be taken by the navy, the Medical Department of the Royal Navy are making extensive preparations for the care of the sick and wounded. The P. and O. steamship *Malacca*, which is to serve as a hospital ship for the expedition, is being fitted up with every regard to modern efficiency. Within a few hours of taking over the ship, stores for 1,000 men, including large quantities of aseptic dressings, medicines, and appliances, were placed on board while the steamer lay at the Albert Docks. Further stores will be placed on board at Deptford, and the ship is timed to leave for the Gold Coast this day (Saturday). The *Malacca* will contain hospital accommodation for upwards of 100 men. An

operating room has been constructed, and has been supplied with sterilising apparatus and with the most approved modern types of surgical instruments and appliances. She is fitted throughout with the electric light, carries a large store of ice, and has ice-making machinery. She will be in medical charge of Fleet-Surgeon Michael Fitzgerald, who will have the assistance of Staff-Surgeon G. P. Gipps, and three other surgeons R.N. She will carry also a staff of nursing sisters and sick berth attendants. The rapidity with which the work has been accomplished is a gratifying proof of the readiness of all departments of the navy to meet any emergency, and the foresight of the Medical Department is shown by the fact that the medical stores for this expedition were ready for placing on board within a few hours of the order being given for taking over the *Malacca* as a hospital ship. Immediately on arriving at her destination the military stores will be removed and naval and marine ratings disembarked, and the ship will at once be converted exclusively to use as a hospital. In addition to the *Malacca* it is understood that base hospitals will be formed on shore for the reception of the sick and wounded. The special officers engaged by the Niger Coast Protectorate sailed from this country last week. They included two medical men, Dr. Felix Roth and Dr. Allman. Dr. Roth, who before entering the medical profession had experience at sea, was appointed District Medical Officer at Warra in 1893, and saw service during the previous Benin River expedition, and in the operations against Nana. On the latter occasion he was nearly taken prisoner, being saved by the courage and devotion of his native servants. He received the West African medal and clasp in recognition of these services. The delta of the great Niger river is perhaps the most dismal of all tropical swamps, and the terrible moist heat is extremely trying to European constitutions. Solid ground can hardly be said to exist, for everywhere the soil is an alluvial mud, covered with a dense tropical vegetation.

THE TOXIN TREATMENT OF MALIGNANT DISEASE.

WE publish this week an account of a case of recurrent sarcoma treated by Mr. Marmaduke Sheild according to the method devised by Dr. Coley, of New York. The employment of erysipelas germs in the treatment of malignant disease arose in a manner by accident. Busch in 1866 observed the cure of a multiple cutaneous sarcoma of the face as a result of an attack of erysipelas, and this was soon supported by other cases of a similar nature. Fehleisen in 1883 published the first attempts at the treatment of malignant disease on these lines: he injected five patients, the subjects of sarcoma or carcinoma, with pure cultures of the erysipelas streptococcus, and was able to record results which were distinctly encouraging. The subject was taken up by other observers, most of whom were dissatisfied with the treatment or alarmed by the accidents which sometimes followed it till Dr. Coley published his first paper in the *Annals of Surgery* for 1891. Dr. Coley has since then published a number of articles in support of the method, the details of which he has in course of time considerably modified. Thus he at first inoculated with living cultures of the erysipelas organism, but for this he speedily substituted erysipelas toxin sterilised first by heat and later by filtration. The substance obtained by the latter method being too weak, he intensified its action by mixing it with four or five times its bulk of the toxin produced by the bacillus prodigiosus. Next he conceived the idea of growing the two bacilli on the same broth, the erysipelas bacillus being cultivated for ten days alone, and then the two together for another ten; the filtered mixture of toxins was employed in the injections. His latest method is simply to heat the mixed culture for an hour to a temperature of 58° to 60°, and to inject it without filtration. The toxin thus obtained is of great potency, the therapeutic dose commencing at half a minim and being gradually increased. The fluid used by Mr. Sheild was prepared at the British

Institute of Preventive Medicine by inoculating flasks containing nutrient broth with a virulent culture of the streptococcus erysipelatis, and incubating at 30° to 35° C. for three weeks. The same flasks were then inoculated with the bacillus prodigiosus, and kept at room temperature for ten to twelve days. The mixed culture obtained was heated to 50° to 60° C. for one hour with a view of killing the microorganisms. A small quantity of carbolic acid was added to the sterilised broth, and it was used without filtration. With regard to Dr. Coley's results it must first be remarked that whereas in 1893 he stated that "the curative effect of erysipelas upon malignant tumours is an established fact" in his last important communication¹ he is content to say that "the mixed toxins of erysipelas and bacillus prodigiosus exercise an antagonistic and specific influence upon malignant tumours, which influence in a certain number of cases may be curative." In this last paper he gives an analysis of 160 cases, with brief summaries of those instances which lend most support to his views. He finds more amelioration to result in sarcomata than in carcinomata, and of the former most improvement in spindle-celled, and least in melanotic. He considers about 20 of the 160 cases to have been "successful," but of these only four were alive at periods varying from one and a-half to four and a-half years after the treatment. He admits that fatal accidents sometimes supervene, of which he has had at least three himself; but on the other hand he expects no ameliorative effect unless the temperature reaches 103°—104° after the injection. So far we are able to follow Dr. Coley fairly well, and although his writings are entirely *ex parte*, and afford ample ground for Dr. Roncali's criticisms,² we must admit, with Professor Welch, that the record of success with a single inoperable case is sufficient to justify the treatment under similar circumstances. But when he steps beyond the region of fact, and essays to explain the action of the toxins as being not a local destruction of a growth, but a systemic antagonism to the cancer parasite, he is obviously *ultra crepidam*. He is, in fact, assuming that an agent which invariably produces grave constitutional disturbance, which brings many cases to death's door, and some to death itself, is at the same time supporting and strengthening the tissues in their struggle against noxious organisms. As Roncali well says, the action of the toxins is no more a general one than that of Vienna paste or zinc chloride. Dr. Coley would limit their use to inoperable cases of sarcoma, and to primary cases after operation, to prevent recurrence. The weight of evidence appears to justify his first recommendation, but the second is based upon pure hypothesis.

DIPHTHERIA IN LONDON.

THERE was a marked decline in the number of deaths from diphtheria in London last week, 52 fatal cases being recorded, against 38, 49, and 71 in the three preceding weeks; this number, however, exceeded by 17 the corrected average number in the corresponding weeks of the ten preceding years. The decline was most marked in South London, where only 13 deaths from this disease were recorded, against 19, 21, and 31 in the three preceding weeks. In West London, however, the fatality of diphtheria showed an increase, 9 deaths being registered, of which 3 were of persons belonging to Chelsea, and 2 to Kensington. In North London the 13 fatal cases were within one of the number in the preceding week, and included 4 in Islington, 4 in Hackney, 3 in St. Pancras, and 2 in Stoke Newington. In East London there was a marked decline in the mortality from diphtheria, although as many as 6 of the fatal cases belonged to Poplar and 5 to Shoreditch. Of the 13 deaths from this disease recorded last week in South London, 4 were of persons belonging to Bermondsey, 2 to Newington, and 2 to Lambeth. The 52 fatal cases of diphtheria registered last week in London included no fewer than 40 of infants and young

¹ *American Journal of the Medical Sciences*, 1896,

² *Il Policlinico*, January 1st, 1897.

children under 5 years of age, and 11 of children and young persons aged between 5 and 20 years; while only 1 death occurred among persons aged upwards of 20 years. The 211 notifications of diphtheria in London during last week showed a further decline, the numbers in the three preceding weeks having been 200, 318, and 238 respectively. The decline was most marked in South London, where 71 new cases were notified, against 120 and 99 in the two preceding weeks. In North London, although the new cases were fewer than in the previous week, they showed an increase in Hampstead and St. Pancras. Among the sanitary areas of East London the prevalence of diphtheria showed a decline in Shoreditch, Whitechapel, and Poplar, but a slight increase in Bethnal Green, St. George-in-the-East, and in Limehouse. Among the districts of South London there was a marked rise in the prevalence of diphtheria in Bermondsey; while in most other sanitary areas there was a decline. In Camberwell the new cases further fell to 15, against 41, 36, 30, and 21 in the four preceding weeks. The admissions of diphtheria patients into the Metropolitan Asylum Hospitals during last week were 108, against 124, 114, and 123 in the three preceding weeks; and 849 patients remained under treatment in these hospitals on Saturday last, January 16th.

DUBLIN EPIDEMICS.

THE epidemic of measles is still increasing in Dublin, and, although scarlatina cases are less numerous, there are many patients suffering from whooping-cough. The combination has made a demand upon the hospitals which is altogether unparalleled. The newspapers are now calling for increased accommodation; but an unusual pressure like this does not, it is urged, justify large expenditure upon permanent buildings which would probably be rarely needed. The provision of temporary wooden hospitals ought, it is held, to be at once undertaken, so as to take the burden off the permanent institutions. It would seem, however, that a convalescent home is most urgently needed. There is no house of recovery to which the children can be sent before going to their homes. In this way the hospital wards are unduly taxed and probably the diseases are spread. It is the duty of the sanitary authorities to do this work, and we hope the press in Dublin will see that it is done.

THE UTILISATION OF BACTERIA.

MR. SCOTT MONCRIEFF'S letter in the BRITISH MEDICAL JOURNAL of January 16th—and we have received others from competent authorities in the same sense—calls attention to a pressing need. As he points out, two attempts at solving the question as to the value of bacteria in the purification of sewage have already failed from want of proper bacteriological knowledge on the part of the inspectors. If the value of this system of sewage disposal is to be threshed out—and it is in the public interest that this should be done thoroughly—it can only be by the aid of trained bacteriologists. It is therefore very desirable that in the inspection to be conducted by the Local Government Board at Exeter skilled bacteriological experts should be consulted, so that a speedy and safe decision may be come to on a matter affecting in the highest degree the public pocket and the public health. The result of an inquiry fraught with such weighty issues will be awaited with interest.

THE PROPOSED ROYAL VICTORIA HOSPITAL, BELFAST.

WE are pleased to be able to state that great progress has been made with regard to the proposed new general hospital in Belfast, which is to take the place of the present Royal Hospital. About £50,000 has been promised, and as the scheme was only launched at a town meeting held on December 9th, 1896, such a result obtained in so short a time is highly creditable to the public spirit and philanthropy of the citizens of Belfast. Among the most noteworthy items

on the subscription list are the contribution of the York Street Spinning Co., namely, £5,000. and the contribution of the medical and surgical staff of the Royal Hospital, £1,300. Several contributions of £1,000 have been announced, and the interest in the project is great and increasing. A very strong and representative executive committee has been formed, of which the Lord Mayor of Belfast, Alderman Pirrie, J.P., is chairman and treasurer, the Right Hon. Thomas Sinclair, P.C., and Mr. R. H. Reade, J.P., vice-chairmen, and President Hamilton, Dean Seaver, Dr. Whitla, Mr. Henry Musgrave, and Mr. Wakefield H. Dixon secretaries. The Lady Mayoress of Belfast, who has thrown herself heart and soul into the movement, summoned a meeting of the ladies of Belfast in the Town Hall upon January 11th. This meeting was influential and enthusiastic, and a large and representative committee of ladies was appointed. It is proposed to raise £100,000, and of this about one-half has been obtained in a little over a month. No doubt the second moiety will be obtained more slowly, but we cannot doubt that complete success will eventually crown the movement. The urgent need for a new hospital is not questioned by anyone whose opinion deserves serious consideration, and we feel sure that the enterprising and progressive city of Belfast, having once put its hand to the plough, will not draw back. Various questions as regards site, constitution of the new hospital, etc., are being judiciously waived for the present, but it has been decided that as soon as the proposed sum has been promised, namely, £100,000, a meeting of subscribers will be called to determine all the various points at issue.

ANKYLOSTOMIASIS AND TROPICAL ANÆMIA.

DR. OTHO GALGEY in his paper on the prevalence of ankylostomiasis in St. Lucia and its treatment, which we publish at the request of the Colonial Office, does good service in calling attention to the relationship of ankylostoma duodenale to the pernicious anæmia so prevalent among West India negroes. It is satisfactory to find that the knowledge of ankylostomiasis is extending, and that in most of our tropical colonies its recognition as the usual cause of endemic anæmia, as well as the value of thymol in its treatment, is becoming recognised. Ankylostomiasis is a subject well deserving the attention of teachers. Medical men about to commence practice in tropical countries ought to familiarise themselves with what is known on the subject; otherwise they are likely to waste iron and arsenic in vain attempts to cure anæmias, which a little skill in diagnosis and a few doses of thymol might dissipate in a week.

PROPOSED CENTRAL HOSPITAL BOARD FOR LONDON.

A MEETING for the discussion of the scheme put forward by the Charity Organisation Society for the formation of a Central Hospital Board for London will be held on Monday next, January 25th, at the Royal United Service Institution. The Society's scheme, to which we have already referred on several previous occasions, will be brought before this meeting, which will be asked to affirm that the establishment of a Central Hospital Board in London on a representative basis is desirable, and that for the organisation of medical charity in London reliance should be placed on co-operation and publicity, and not on legal measures and compulsion. Further, the meeting will be asked to affirm that it is desirable that a central fund should be established as a permanent endowment to afford large and liberal aid to hospitals for special purposes, such as rebuilding, on lines similar to those already adopted by the Charity Commissioners for the establishment of polytechnics. Such a method, it is believed, would not interfere with voluntary contributions. Mr. C. S. Loch, the secretary of the Charity Organisation Society, informs us that a resolution approving of the Society's plan as a basis for practical organisation will be moved by Sir William Broadbent, and supported by Mr. G.

D. Pollock, Dr. Lauder Brunton, and Mr. Victor Horsley. At this meeting, which medical men throughout London are invited to attend, a general committee will be appointed, and Mr. Loch, on the part of the Charity Organisation Society, desires the special attention of members of the profession to be called to the meeting, in order that a large number may take the opportunity of attending.

SERUM DIAGNOSIS OF TYPHOID FEVER IN ABERDEEN.

THERE is a very marked increase in the number of cases of typhoid fever in the health reports for the past month—21 cases having been notified, as against 3 in the month before. Fortunately the type is fairly mild, and no deaths have as yet been reported. As 13 out of the 21 cases were found to obtain their milk from a farm in the neighbourhood, the health authorities at once visited the house, and found a case of illness in the family of the farmer, which they concluded, in all probability, to be one of typhoid. The infection for about two-thirds of the cases is consequently attributed to the milk from the farm. The water supply of the farm has been analysed, and is found to be unpolluted. In view of the great difficulty of diagnosing mild cases of typhoid fever, Dr. Hay, the medical officer of health for Aberdeen, strongly urges upon the medical attendant to make use of the new serum test for typhoid. Professor Hamilton is most willing to have the test applied to samples of blood from doubtful cases sent to him at the Pathological department of the University.

THE ARMY MEDICAL EXAMINATION ON FEBRUARY 5TH.

It is naturally difficult for critical outsiders to overcome that official reticence which properly less or more environs official changes; yet the question whether the standard of examination for medical commissions in the army is to be practically lowered by allowing, and even inviting, men who have previously failed to compete more than twice is of such importance that the public have a right to know what the authorities intend. Of course the matter cannot admit of long concealment, and will be unearthed in Parliament if necessary. Meanwhile we have reason to infer that the candidate list continues to be of slender proportions, and under these circumstances it is rather to be expected that the forthcoming will, like past examinations, be a farce as far as competition is concerned; it may even prove a fiasco. It will then be impossible for the War Office authorities to blink the fact that our young medical men of these latter days will only serve in the army under substantial equality of status with the officers of other branches. It is understood that the army is to be considerably increased in numbers; but while the soldiers increase the Medical Staff, which should be their right hand, dwindles away.

THE ENGLISH VACCINE INQUIRY IN GERMANY.

A CORRESPONDENT in Berlin writes: Dr. Thorne Thorne, C.B., Principal Medical Officer to the English Local Government Board, and Dr. Monckton Copeman, one of the medical inspectors to the Board, have been in Berlin for some days past, studying the system in force in Berlin for the preservation of calf vaccine, with special reference to the use of glycerine for this purpose, and have since left for Dresden and Cologne. The suggestion to make use of glycerine as a preservative for vaccine lymph was due, I believe, to Dr. Monckton Copeman, who six or seven years ago pointed out that glycerine, after acting for a period of about a fortnight, had the power of destroying and rendering innocuous all extraneous organisms without in any way diminishing the activity of the vaccine virus itself. The practical importance of this observation for the diminution of risks connected with vaccination would appear to have been better appreciated in Germany than in England; why this is so, it is not for me to conjecture. At any rate, the system has been introduced at the Berlin Vaccine Institution,

and every facility has been afforded to the English visitors to study the practical working of the method. The chief officers of the German Health Department placed themselves at the disposal of Dr. Thorne Thorne and his colleague, and with them visited the institution on two successive days, when every opportunity was given for inspection and a detailed study of the arrangements. Although the vaccine establishment is not in full use during the winter, special arrangements were made beforehand so that the English visitors might see the whole establishment in working order. Calves were vaccinated in advance so that they might be ready to yield lymph at the time of the visit, and the full staff were directed to be in attendance. Dr. Thorne Thorne has expressed himself in the warmest terms as to the courtesy and consideration shown to him by the German and Prussian Health Departments and all their officers. He and his colleague have been the objects also of many social attentions, which must have contributed to make their visit agreeable as well as instructive. I may add that in Germany the methods of vaccinating either from arm-to-arm or even direct from the calf have been abandoned in view of modern researches in connection with glycerinated lymph.

TABAKS-COLLEGIA.

At the present time the only learned Society with which we are acquainted which permits its members to indulge in smoking during its meetings is the Physiological Society. Of this privilege large use is made, and it is in accord with the general want of formality which characterises the meetings of this Society. The Council of the Harveian Society has now decided to propose that "at the ordinary meetings of the Society, except those at which the presence of patients is required, smoking be permitted in the Society's room." This proposition will be considered and the decision of the members taken by vote at the ordinary meeting, to be held on Thursday, February 4th. The Council will further be glad to receive an expression of the opinion of members unable to attend the meeting. This proposed innovation will consequently receive careful consideration, and will not be adopted unless a majority of the members support its introduction. It is doubtless brought forward by the Council with the object of increasing the attendance at the meetings; but the excellent papers and discussions of the Society usually bring together a fair proportion of the members; and it must not be forgotten that, if the proposed change should prove attractive to some, there are possibly others by whom it would be disliked.

THE BRITISH RED CROSS SOCIETY.

DURING the last few years a great work has been going on among civilised nations, the object of which is to relieve the sick and wounded, and generally to ameliorate their condition during active operations. Among the societies founded for this purpose is the British National Society for Aid to the Sick and Wounded, also known as the British Red Cross Society, whose report of its operations during the rebellion in Rhodesia, has been published recently. Similar instructive reports from the same Society were published relating to the Turco-Servian war in 1876, the Egyptian Campaign 1884-85, and the Bulgarian war in 1885-86. Since the termination of the Russo-Turkish war up to the Egyptian campaign a sum of some £30,000 has been expended by the British National Society in its work for relieving belligerents. The action of national aid societies is voluntary, but is guided and restrained by war ministries. The regulations for our Army Medical Service recognise volunteer aid societies, and require that their staff of surgeons, attendants, and all supplies brought by them for distribution to hospitals shall be placed at the disposal of the principal medical officer, who will allocate duties to all such volunteers. The official relations of the Continental national aid societies with their Governments and the military authorities give the members, says Longmore in his recent work, a title to the privileges con-

ferred by the Geneva Convention. There is nominally a similar society in England, but it has "no official connection with the War Department." Its *personnel*, continues this great military medical authority, would not be entitled to claim the privileges of the Geneva Convention so long as the Society is not included in the official military establishments, to which alone the Convention refers. Some persons have gone so far as to suggest that an aid society should stop short of nothing less than a complete organisation on which the nation would have a right to rely for the care of the wounded in time of war; a society which would share with the War Office the great responsibility which rests entirely upon it. This, however, is not, in the opinion of the British National Society for Aid, a correct view of the position of the Society or of the duties incumbent on it. The Society disclaims becoming an organisation upon which the Government might suppose they could throw the burden of their wounded in war. The Government itself makes no such claim, and if, under the pressure of circumstances, it should ask or accept the Society's aid, it will not be given with any view of diminishing in the smallest degree the responsibility of the Government. The report of the British Red Cross Society on work in Rhodesia remarks on the tendency which exists to misuse the badge of the Red Cross in this country. This point of usurping the Red Cross in civil hospitals or for civil purposes is, as has been already pointed out by Mr. Furley, indefensible, and he insists on the fact that the Red Cross has no significance except as denoting the *personnel* and *matériel*, both official and unofficial, of military hospital and ambulance service. It is now reported that a society connected with the medical charities of Manchester has been using the title of "The Red Cross Society" for collecting funds for local hospital purposes. It is urgently necessary that steps be taken to protect the badge from misuse. In relation to this particular subject it may not generally be known that in the year 1877 the Turkish Government desired to substitute a red crescent for the red cross in the Turkish ambulance under the Geneva Convention. Colonel Sir Loyd Lindsay thought the proposal reasonable, and did not see how any inconvenience could arise from the substitution of the red crescent for the red cross for the ambulance and troops of the Ottoman Empire. The subject of the substitution of the red crescent for the red cross was contained in a note addressed by the Turkish Minister for Foreign Affairs to the President of the Swiss Confederation in 1877. Abundant evidence is forthcoming of the appreciation in which the aid of the British National Society has been held wherever it has been given.

THE CHOLERA ON THE "NUBIA."

No fresh cases of cholera have occurred among the troops or any of the passengers of the steamship *Nubia*. The circumstances afford a striking proof of the efficacy of the measures, founded upon pathology and common sense, which are now taken in British ports in dealing with infected ships. The men landed from the *Nubia* and marched to Fort Staddon have remained absolutely healthy. After careful inspection by the Principal Medical Officer of the district, Surgeon-Major-General Hamilton, they were allowed more liberty on January 16th, that is to say, they were permitted to go about in small parties for exercise under the command of non-commissioned officers, but out of regard to the susceptibilities of the public, and to avoid any cause for panic, they were not allowed to enter the towns and villages. The men who have been under treatment for cholera on the hospital ship *Pique* are being removed, as soon as their condition warrants it, to the station hospital at Plymouth, whither the sick from the *Nubia*, mainly cases of ague, have already gone. The invalids brought from abroad by the *Nubia* have been transferred to Netley Hospital, while the rest of the men have been sent off to their destinations as fast as the military authorities can make arrangements. The barrack rooms at Fort Staddon are being disinfected with sulphur dioxide, and will be

limewashed. It will, perhaps, reassure some of our foreign critics who appear desirous of enforcing quarantine against Plymouth, to learn that the more rational system of inspection and isolation of the sick has been successful in preventing any spread of the disease.

VACCINATION WITH CALF LYMPH.

THE Local Government Board have issued an order altering their instructions for public vaccinators, the particular portions altered being paragraphs numbered 5 and 6 in the instructions promulgated in 1887. These paragraphs deal with the kind of lymph to be employed and the method of its employment, registration, preservation, etc. The new order admits the right of public vaccinators to use calf lymph at their station attendances. By calf lymph is meant stored calf lymph, as, of course, calf-to-arm vaccination has never been other than allowable. The maintenance of arm-to-arm vaccination is to be the "endeavour" of all public vaccinators, but we venture to think that, in face of the final report of the Royal Commission on Vaccination, the clamour for calf lymph vaccination will prove for public vaccinators, as for many other medical practitioners, too strong to admit of any general maintenance of arm-to-arm work. We are glad to see this concession. It is no doubt only the beginning of larger measures concerned with the use of calf lymph.

HOSPITAL DRAINAGE.

A REPORT presented to the Metropolitan Asylums Board at their last meeting by the South-Western Hospital Committee in regard to the drains at this hospital is of interest as showing the rate at which the standard of sanitation advances; but it should also be taken to heart by all hospital managers as demonstrating the necessity for enforcing periodical inspection of all their sanitary appliances. The existing drains were laid down in the year 1870, when the hospital was erected, and were constructed on methods current at the time. It now appears that the drains are not laid in straight lines from point to point, but wind round the several buildings in a tortuous manner, and that there are only two man-holes. The drains are laid with clay joints, most of which are defective, upon the natural soil, principally gravelly loam, without any concrete bed, the consequence being that the ground has become largely impregnated with liquid sewage. Attempts have been made to hold water in the drains, but have failed. Some of it has percolated into basements, and some has made a channel outside the drain, and has discharged into the openings made for testing purposes. At all points where the drains have been opened up they have been found in a very dilapidated and foul condition, roots of trees having spread into them in certain places. Of course the drainage will have to be reconstructed, but the discovery of such a condition in such an important hospital demonstrates the necessity for frequently overhauling drainage.

INTOXICATING MALT EXTRACTS.

A CASE of some interest to physicians and chemists was tried in the United States Superior Court at Dedham on September 22nd, 1896. The charge was against a druggist in Quincy of maintaining a common nuisance by the sale of malt extract. The district attorney prosecuted, and the trial lasted three hours. The sale was admitted. Analysis showed that the extract contained over 5 per cent. of alcohol. Professor Sharples called it "porter" and a "beverage." The defence was that it was a medicine and not a beverage. A verdict of guilty was returned, the defendant having to pay £36 8s., inclusive of costs amounting to £13 4s. Mr. H. H. Fayon, on whose complaint the Government took action, states that he has the analysis of 17 samples of malt extracts containing from 3.35 to 8.88 per cent. alcohol, and 11 others showing from 3 to 9.86 per cent.