

CORK DISTRICT LUNATIC ASYLUM.

The annual report of the Inspector of Lunatics—Sir George Plunkett O'Farrell—for the year ending 1905 states that at the end of the year there were 1,577 patients in the asylum—802 males and 775 females. The corresponding period of the previous year showed a total of 1,639, so that, having regard to the overcrowding of the institution and the want of proper accommodation for acute cases, it is in some degree satisfactory that the number resident has decreased by 62; this decrease is, however, altogether accounted for by the transfer of 199 patients to Youghal Auxiliary Asylum; were it not for this the number of patients resident would have shown an increase of 47. The inspector recommended to the serious consideration of the Committee the question of providing further accommodation, and advised the erection of a hospital for the treatment of acute cases on the female side, as had been suggested in former reports. Further, having regard to the prevalence of phthisis in the institution, he thought it would be highly desirable if possible to segregate all the patients suffering from that disease and treat them in a detached hospital block. The number of single rooms is also insufficient for the safety and proper treatment of the patients. The percentage of recoveries on the admissions during the period under review was 40.6—males 31.4 and females 50.7. The general health of the patients could not be said to be satisfactory owing to the outbreak of enteric fever which occurred last year, and taxed to the utmost the energies of the medical staff. Every effort was made to trace the cause of the disease, and so far as could be ascertained it originated in some of the sources of water supply; as a consequence the Mile-end Stream has been piped. Cases of dysentery also occurred amongst the patients.

The report concludes with an account of the general condition of the institution which the inspector regards as satisfactory, the buildings in all parts were clean and well kept and there was less turmoil and excitement amongst the patients than on previous visits. Many of the more rational patients spoke most gratefully of the careful supervision exercised by the Resident Medical Superintendent and the attention paid by him to their complaints. The inspector also paid a tribute of praise to the Assistant Medical Officers, whose case books were carefully written up and who all appeared to be zealous in the discharge of their duties.

DISPENSARY MEDICAL OFFICERS.

The Bantry Board of Guardians have under consideration a request from the medical officers of their union for an increase of £20 a year, with quinquennial increments of £10 until £160 yearly is reached. Dr. Shorten, of Glengarriffe, in laying the claims for increase before the Board, said, had he known the condition of the district eighteen months ago, he would hardly have accepted the appointment, and unless a reasonable increase was granted he would hardly remain in the district. The world was wide, and he could not be worse off financially than he was at present.

The Dunmanway Board of Guardians have received a letter from the Local Government Board granting its sanction that an additional £25 a year be allotted to the three medical officers of the dispensary district and £10 to the medical officer of the workhouse. The medical officers have written their thanks to the Board of Guardians for its kind consideration of their grievances.

Scotland.

THE LORD RECTOR AT ABERDEEN.

On February 22nd Sir Frederick Treves delivered his address as Lord Rector to the students of Aberdeen University. The Mitchell Hall was crowded with students of both sexes and representative citizens of Aberdeen, who accorded a most enthusiastic reception to the Lord Rector.

Sir Frederick Treves took as the theme of his discourse the factors which make for success in life, with special reference to the medical profession. He said it was generally believed that success depended largely on

money, on influence and social position, on good fortune, and above all on the possession of genius. With regard to money he had no hesitation in saying that ample or even moderate means at the outset of a career not only failed to constitute an element in professional advancement, but were an actual hindrance to independent progress. It might be urged that a man with money was better able to devote his energies to original research, inasmuch as he was spared the unproductive drudgery involved in earning his daily bread. Sir Frederick Treves did not consider the drudgery unproductive, and he had often noticed that the much-extolled leisure of the man of means was apt to be devoted to original research in such pursuits as golf and fly-fishing. The lives of men who had become eminent in the medical profession emphatically demonstrated that unearned money counted for nothing in the struggle to excel, and of this fact the interesting autobiography of Sir James Paget provided a graphic illustration. If it was hard for a rich man to enter the Kingdom of Heaven; it was, he believed, still harder for a man so burdened to enter with advantage upon the career of medicine. In like manner, neither influence nor an initial social position was to be reckoned as conducive to real success. As for luck, that in any serious profession meant nothing more than that the man to whom it came was ready for an opportunity when it presented itself. Then genius in its crude or native state was not wanted in the profession of medicine, nor could it be said to be a marked attribute of those who had raised themselves to the highest position in that calling. The marvellous achievements of Harvey, Hunter, and Lister were not the outcome of any brilliant flash of genius, nor of any inspiration which was denied to less fortunate mortals, but were the product of slow, dogged, persistent work. Genius in a physician would be apt to give us flippancy, instantaneous diagnoses, the detection of diseases by instinct, and other astounding phenomena which one attributed rather to the charlatan. In like manner, brilliancy in a surgeon was a quality from the possession of which he might well pray to be saved. In the days before anaesthetics the chief qualification of the operator was rapidity. Success in surgery was measured now, not by the duration of the operation, but by the duration of the recovery from it. This was the day of artificial products and of synthetical compounds. He ventured to think that, so far as the needs of most professions were concerned, the synthetically-composed genius was better than the congenital genius, and was, at the same time, safer and more reliable. Into the making of the synthetic genius would enter the genius for hard work, for patient observation and experiment, for persistent reasoning. These factors were within the reach of any mortal who was determined to claim them and make use of them. The factors that did in his opinion make for distinction were health, serviceable knowledge, sympathy, and honesty; industry was presupposed. The operator who was engaged in a serious procedure and who was "out of condition" might be somewhat of a menace to his patient. He soon tired; he was apt to be fussy and emotional, to be readily upset, to drift between vacillation and obstinacy, and so become both physically and mentally unsteady. Special knowledge was an obvious essential, but to be of the fullest service it must be supplemented by an intimate acquaintance with mankind, a form of learning which was to be derived from no textbook. It was to be noted that the public demanded from the medical man an absolute dogmatism, and an unwavering assumption of knowledge. This demand, which was not always limited to the unintelligent, made the path of the practitioner hard and possibly devious. At the present day there was neither need nor excuse for gratuitous invention. It was not even necessary to babble of the patient's "constitution"—whatever that might be—of his lack of "tone," or of other agreeable matters which belong to the limbo of mere words. On the other hand, that was a mass of sterling facts available which would satisfy all the demands of the reasonable. In every pursuit which dealt intimately with the concerns of men, sympathy counted for much, and finally, in this calling as in others, there was no possibility of sure success without honesty. Success in this particular career could never be gauged, and had, indeed, never been measured by the mere acquiring of wealth.

After the ceremonial, the Lord Rector's carriage was

drawn to Chanonry Lodge by a team of enthusiastic students. In the evening Sir Frederick Treves was present at a reception given in the Mitchell Hall by the Students' Representative Council.

THE FIGHT AGAINST TROPICAL DISEASE.

On February 22nd Professor Ronald Ross delivered a lecture entitled Science and the Public, under the auspices of the Royal Scottish Geographical Society. He said tropical disease was the principal enemy of travellers. Science had done much in discovering the causes of disease in the tropics. But something more was needed: the public must act on the knowledge supplied by science. Referring to malaria and yellow fever, he asked why the public had not adopted the methods which science had discovered for dealing with those diseases. The reason was that the public of to-day was not sufficiently educated in a scientific sense to appreciate the practical importance of such discoveries. Professor Ross said it was high time that science entered the public mind, and expressed the conviction that if it did not shortly do so the public would suffer.

VACANCIES AT THE EDINBURGH ROYAL INFIRMARY.

Within the last few weeks more than one vacancy has been caused at the Royal Infirmary through the resignation of a member of the staff.

By the retirement of a gynaecologist and the consequent move in this department the appointment of an assistant gynaecologist falls to be made. In the pathological department the staff hitherto has consisted of a pathologist and two assistant pathologists. Both the latter have resigned, and it has been decided by the managers of the infirmary to appoint three and not two successors; two of these now to be appointed will be required to devote themselves more especially to the routine work of the department, and the third to clinical pathology.

CLINICAL MEDICINE AND SURGERY IN EDINBURGH.

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The Royal Hospital for Sick Children.

To obtain a suitable site for a hospital must always be an important consideration, and one frequently extremely difficult of accomplishment. For all hospitals an open, healthy situation is invaluable, and for none more so than for a children's hospital. In this important respect the Royal Hospital for Sick Children in Edinburgh is fortunate, standing as it does in one of the healthiest parts of the town, and in close proximity to the open Meadows. The buildings themselves are in many respects perhaps the most thoroughly equipped and most modern in the city, and no hospital has in the last few years made greater strides, or been more fully appreciated by those for whom it was instituted, than has this. The wisdom of the directors in building an entirely new out-patient department has been more than amply justified, and the large increase in the number of patients attending demonstrates clearly the great value of the addition.

The hospital comprises 3 medical wards and 2 surgical wards, a spare ward, operating theatre, lecture theatre, dark room for x-ray work, etc., besides accommodation for the resident staff. The acting staff consists of 3 physicians, 1 surgeon, 1 ophthalmic surgeon, 3 assistant physicians, 1 assistant surgeon, a pathologist, a medical electrician, and an anaesthetist; while the number of residents has lately been increased to 3 resident physicians and 1 resident surgeon.

This hospital is one of the very limited number in which of late years lady doctors have been permitted to find a place, the posts of resident physician and medical registrar having at various times been held by ladies.

In the course of a year close on 2,000 patients are treated in the wards, while the number of cases in the out-patient department reaches about 8,000. Examination and treatment of so large a number of out-patients has been rendered possible only within the last three years, since the completion of the new out-patient building. This building is completely detached from the rest of the hospital, and has a separate entrance. There are two large waiting halls, one for surgical and one for medical patients, with several small side rooms for suspected infectious cases, vaccination cases, and so on. Beyond the medical waiting hall is a smaller room in

which a limited number of children at a time are undressed and prepared for examination by the medical officer in the room adjoining. This room affords accommodation for students, and daily clinics are given here by the assistant physicians of the institution.

Connected with the surgical waiting hall are an examination room, dressing room, and an operating theatre, and there is also a small laboratory. A dispensary, a dark room fitted up for eye and throat work, and an electrical room are also provided—the latter unfortunately not yet wholly completed, but sufficiently so to allow of the application of the various forms of electric bath and the simpler procedures of electric diagnosis and treatment.

In the hospital itself clinical lectures are delivered once a week, and clinics are held in the medical wards by the physicians in charge twice weekly, and by the surgeon once a week.

Children are admitted to the wards up to 12 years of age, and about one-sixth of those admitted in the course of a year—roughly speaking, 300—are infants under 1 year old, while a rather smaller number are aged between 1 and 2 years.

With so large a number of children, and more especially with so many infants, passing constantly through the wards of the hospital the necessity of a thoroughly reliable milk supply is obvious. The milk at present supplied to the institution is under constant supervision, and is carefully examined and analysed, and in the majority of cases undergoes pasteurization at the wards before being used.

Can we, however, hope some time to see a special farm and dairy maintained by and for the institution? A good milk is the very essence of life to all these young patients, and to obtain entire satisfaction it is essential to have entire control. Our methods in the management of milk are perhaps in this country not all that might be desired, and certainly lag far behind those of foreign countries, and it is to prosperous and growing institutions such as this that we look for the initiation of a better system, and the setting of an example for the benefit of the community. The path of infant feeding is tortuous, and the methods many and varied. Some infants may require sterilized milk, some pasteurized, and some unmodified milk, but whatever treatment is required is surely best done at the source of supply. With a private farm milk could be obtained with as near an approach to the absence of accidental infection as is humanly possible, and could be supplied untreated, pasteurized or sterilized as desired, while the cows themselves would be tuberculin-tested—a procedure extremely rare in the Edinburgh district.

Funds of course are necessary, and funds equally of course in this as in other similar institutions are somewhat lacking. That they may be forthcoming is eminently to be desired, both for this and other objects. The satisfactory cure of a case of illness in childhood can be but imperfectly carried out in a hospital full of sick children and without a period of convalescence and recuperation spent in some healthy country locality. Several convalescent homes exist in the immediate neighbourhood of Edinburgh, but none especially connected with the Sick Children's Hospital. It is to be hoped that before long, by the acquisition of such a home, the good work that is being done by this institution may be rendered more efficient, more thorough, and more durable.

Royal Maternity and Simpson Memorial Hospital.

Unlike many another hospital, the Royal Maternity and Simpson Memorial Hospital knows not the meaning of the word "debt."

With a staff of four physicians and four assistant physicians, charge of the wards is taken in rotation every three months by a physician and assistant physician, and two resident physicians are also appointed for each period of three months. In the wards wellnigh 400 women are treated annually, while over 500 are treated at their own homes.

Half the wards only in the hospital are in use at any one time, thus permitting a constant change and thorough disinfection and cleaning. In addition to the larger wards there are several smaller rooms for special cases, with delivery wards in both halves of the institution. Patients are admitted immediately prior to delivery and discharged on recovery, no systematic

supervision of the rearing of the infant being afterwards practised. From the very satisfactory results obtained—more especially by foreign obstetricians—where such supervision is carried out, and from the large increase of maternal nursing resulting therefrom, it seems a practice well worthy of adoption by this institution.

For the extern cases nurses are supplied and students are sent, who, in the event of difficulties arising, obtain the assistance of a resident physician.

As regards the students and practical instruction generally in the hospital, matters are more or less in a state of transition. Formerly, in addition to supervising the delivery of a certain number of extern cases students attended a course of clinical lectures on specially selected cases in the large lecture theatre attached to the buildings. Rather more than a year ago, however, there was opened for students a residency connected with the hospital buildings, so as to permit of closer and more extensive observation. In order to obtain his certificate a student now has to reside here while undergoing his course of training at the hospital, and his fee for the course is correspondingly increased. So far, students have shown themselves somewhat loth to take advantage of the new arrangements, but these arrangements appear to be not yet fully complete, though when they are, it seems clear that students will have much greater facilities for the practical study of midwifery in Edinburgh than has been the lot of their predecessors.

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

Dr. Clouston's Report.

The annual meeting of the Corporation of the Royal Edinburgh Asylum for the Insane was held in the City Chambers on Monday, February 26th, Mr. John Rankine, K.C., presiding. The report of the managers showed that the total number of patients under treatment in all departments averaged 870 for every day in the year, against a daily average of 873 during 1905. The cost of maintenance of each rate-paid patient and each private patient at the lowest rate of board amounted to £33 14s. 3½d.

General Figures.

Dr. Clouston's report showed that there were 428 admissions (200 men and 228 women) during 1905, that the total number under treatment was 1,257, that 257 (130 men and 127 women) were discharged, that 116 (39 men and 77 women) died.

Admissions.

The number was 14 fewer than the average of the past five years, the lessening being in the case of the rate-paid patients, 116 voluntary patients (37 more than the average of the previous five years) were admitted. This because it was possible to receive into the West House at the lower rates of board.

State of Rate paid Admissions.

An unusual number were in a weak and broken-down condition, only 19 (out of 312) of them being in average bodily health, while 42 were in an utterly exhausted state, 20 of them dying within a month of admission.

General Paralysis.

Sixty-four cases of general paralysis, the largest number on record, were admitted during 1905. The comparative increase of the disease in the female sex among the poorer classes was a striking fact. In the early Sixties a case was so uncommon that when it did come the medical staff would all go to see it. In 1872 there were no female admissions, in 1874 there were only 3 cases. In 1905 there were 38 cases, all but 1 being of the rate-paid class—in fact, there were only 6 general paralytics of both sexes of the private class. Of the 312 rate-paid admissions, 18.6 per cent. were general paralytics, while of the 116 private patients only 5 per cent. suffered from that disease. For the first time in the history of the asylum the number of admissions of female general paralytics exceeded that of the men. This was a sidelight of a very depressing character on our social life. Great cities, vice, dissipation, and undue excitement were its breeders. Dr. Clouston next referred to the work of Drs. Ford Robertson and McRae on the microbic cause of general paralysis, "the cheering part of their investigation being the fact that it pointed to a possible cure being discovered in the future." Dr. Clouston, who had long hesitated as to the sufficiency of their facts to prove their theory, said that the new facts adduced during last year were too strong for him, and he

was now a convert to the microbic theory. The Scottish asylums, he thought, might claim a legitimate credit in having been the first to carry out a combined voluntary effort towards elucidating the pathology of mental disease.

Alcohol and Insanity.

The number of admissions classed as being wholly or in part due to excess of alcohol was 110 of the 428, or 25.7 per cent. (In the men it was 30 per cent., in the women 22 per cent.) The average of the previous five years was 25 per cent. in the two sexes. In the women the rise was from an average of 16.2 in the previous five years to 22 per cent. this year. Among private patients the alcoholic rate was 10 per cent. An educated public opinion and health conscience were still needed in a much higher degree.

Prevalence of Melancholia.

The great bulk of the recent cases of insanity fall under the two classes of the elevated and the depressed, "mania" and "melancholia." The melancholy phase greatly prevailed last year. There were 191 melancholics as compared with 134 cases of mania. The reverse was our experience twenty years ago. Dr. Clouston had always held that the great epidemic of influenza in 1889-90, and the subsequent lesser epidemics, not only caused many deaths, but much lowering of the nervous tone, as well as a lessened power of defence against many other diseases, as its evil legacy, and that in consequence throughout this country the melancholic phase of insanity had been much more common than it had been before.

Discharges.

These numbered 137, or a percentage of 32 on the admissions. Five-sixths of the recoveries took place within the first year of treatment.

Deaths.

The death-rate was high, 13.3 per cent. on the average number resident, and 9.2 per cent. on the total number under treatment. It was 18.2 per cent. among the rate-paid patients, and only 7.4 per cent. among the private patients. The death-rate on the admissions compared favourably with other institutions, for in Scotland in 1904 it was 34 per cent., while in the Edinburgh Asylum it was only 28 per cent. But it had to be kept in mind here that nowadays the aged dotards, the paralysed, and the broken-down whose mental power was affected, of the poorer classes were sent to asylums in very large numbers if they could be got on the rates, while the better-off classes nursed such patients at home.

Apparent Increase of Insanity.

This was an explanation of part of what seemed the enormous increase of rate-paid insanity of recent years all over the country, but particularly in cities. During the whole of the existence of the Scottish Board of Lunacy since 1858, there had been no increase whatever in the admission-rate of private patients to Scottish asylums except in exact proportion to the increase of the population. Dr. Clouston had always held that until the numbers of private patients, paid for out of their own means or by their relatives, showed an increase in admissions to mental hospitals, he should not believe that there was any alarming increase of insanity in the country.

Phthisis.

The death-rate from consumption was 16.4 per cent. of the deaths. During the eleven years Craig House had been open, there had been no case of consumption.

Asylum Dysentery.

Towards the end of the year there had been a mild visitation of "colitis" in the West House. The very weak were affected, and bad drains were the cause.

General History of the Institution.

There had been no serious accident to inmate or staff. The successful boarding-out system of the quiet and manageable insane, which had saved a large sum of money and provided suitable care for the quiet and harmless patients, owed much to the late Mr. Ferrier, the Edinburgh Inspector of Poor. The Scottish Lunacy Blue Book for 1904 showed that in 1903-4 the cost of maintenance of patients was £46 11s. 2d. per annum. The average cost from 1888-9 to 1903-4 was £39 6s. 3d. The Edinburgh Asylum had charged the parishes with whom it had

agreements an average of £31 13s. 4d., a saving of £7 12s. 11d. a year on each patient by the parishes concerned. Edinburgh, Leith, and Orkney ratepayers had thus effected a saving of £64,224 in the sixteen years.

Some General Facts about Insanity in Edinburgh and Scotland.

In Edinburgh and Leith there were on January 1st, 1903, 1,283 insane persons in and out of mental hospitals chargeable to the rates, or 1 to every 380 of the population. In Scotland generally the proportion was 1 to 311, in England 1 to 297, and in Ireland 1 to 227. The number of rate-paid patients newly registered each year who had never been insane before was for Edinburgh 252 per 100,000 of the population, while for the whole of Scotland it was 262. The yearly increase of rate-paid patients in Edinburgh was now little above the ratio of increase of our population. In 12 of our Scottish counties lunacy was stationary or decreasing in proportion to the population in 1904.

A Hospital for Early Cases.

Dr. Clouston still considered that the Royal Infirmary of Edinburgh, or the Parish Council, should provide hospital accommodation for the early treatment of transient uncertified cases of mental disease, as Glasgow Parish Council had done with encouraging results. He also thought the day might come when mental disease might become notifiable as one means of eliminating the unfit for marriage. Reference was finally made to the new village asylum at Kingseat, Aberdeen, to the distinctive "hospital" building, and to the staff of the Edinburgh Asylum.

THE COMING ELECTION OF DIRECT REPRESENTATIVES.

We understand that Dr. Norman Walker of Edinburgh will again offer himself as a candidate at the election for Direct Representative for Scotland on the General Medical Council, which will take place in the autumn of this year. On the last occasion in 1901 there were three candidates—Dr. William Bruce of Dingwall, who obtained 975 votes; Dr. Norman Walker, who obtained 854; and Dr. C. E. Robertson of Glasgow, who obtained 618.

Leeds.

COCOANUT OIL IN BUTTER.

At the Selby Police-court three of the principal grocers and provision merchants were prosecuted by the West Riding County Council for unlawfully selling adulterated butter. The case is one of great interest, for it was pointed out by the prosecution that the adulteration was effected by the incorporation with the butter of cocoanut oil, a form of adulteration which was stated to be difficult to accomplish, but which was also difficult to detect. It appeared that a pound of butter, which had been purchased for 1s. 4d., was found on analysis to contain 8.5 per cent. of cocoanut oil; the amount of butter fat was 76 per cent. The vendor stated that he had sold the butter just as he had obtained it from the farmer, while the farmer and his wife denied having mixed anything with the butter, and expressed their ignorance of what cocoanut oil was. In a second case the amount of cocoanut oil revealed on analysis was 15 per cent. The Bench came to the conclusion that "defendants had sold adulterated butter," and fines of 40s. with costs were imposed in each case. In connexion with this case it is of interest to note that a deputation from the Federation of Grocers' Associations recently waited on the President of the Board of Agriculture to urge upon him the necessity of speedy action on the part of the Government in dealing with the adulteration of butter. Lord Carrington, in reply, stated that His Majesty's Government were fully alive to the necessity of something being done, and he purposed as soon as possible to appoint a Select Committee of the House of Commons to go thoroughly into the matter.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.

In presenting his annual report to the Sanitary Committee, Dr. Spottiswoode Cameron, the Medical Officer of Health to the city, was able to congratulate the Corporation on the fact that Leeds had the lowest death-rate of any of the nine largest towns in the United Kingdom. This death-rate was calculated upon the figures returned to the Registrar-General, and these excluded the deaths of

non-municipal paupers, but included those of Leeds persons dying in the fever hospitals and in the Hunslet Workhouse, both outside the borough. A death-rate of only 15.3 per 1,000 was very gratifying. London followed with a death-rate of 15.6, and then Edinburgh, Birmingham, Sheffield, Glasgow, Manchester, Liverpool, and Dublin with death-rates varying from 16.2 to 21.3. The death-rate from the seven zymotic diseases, exclusive of membranous croup, which the Registrar-General did not include in this category till 1894, was 1.60, a decrease of 0.97 as compared with that for 1904. The death-rate from enteric fever was 0.12, and it was pointed out that in respect of this there had been a gradual lowering during the last three periods of five years. The mortality from phthisis was 1.23, the lowest figure in sixteen consecutive years. The total number of deaths from phthisis was 558. The mortality amongst children in 1905 was very much below the average of the previous fifteen years. During the years 1890 to 1904 there was an average of 176 deaths in children under 1 year for every 1,000 born. Last year the rate fell to 152, a lower rate than in any of the previous fifteen years. Doubtless the absence during the greater part of the year of measles and whooping-cough in epidemic form, and the corresponding diminution in the death-rate from bronchitis and bronchopneumonia would account in great part for this low infantile mortality, but it might be hoped that the special efforts of the authorities to lessen the death-rate of infants were beginning to bear fruit.

WORKPEOPLE'S HOSPITAL FUND.

Last year an account was given, in the *BRITISH MEDICAL JOURNAL* for March 11th, of the development and management of the Leeds Workpeople's Hospital Fund. The eighteenth annual report has just been issued, from which it is seen that the amount of money raised by workshop collections, which form the main source of income, has increased by £277, the amount this year being £8,109. The net income for the year was £11,115, a decrease of about £120 as compared with 1904. This decrease is mainly accounted for by the inclement weather, which interfered with the success of the gala and of the outdoor concerts. With the balance in hand at the end of 1904 the amount at the disposal of the Committee amounted to £13,216. The following grants were made: General Infirmary at Leeds, £5,000; Leeds Public Dispensary, £750; Leeds Hospital for Women and Children, £750; Leeds Tuberculosis Association, £280; Leeds District Nursing Association, £225; Bramley Nursing Association, £50; Staningley Nursing Association, £50; and Leeds New Maternity Home, £100. These grants leave a sum of about £6,000. Of this a considerable amount is absorbed in the maintenance of the convalescent homes, and a sum of about £2,600 has been put aside as a building fund for the extension of the existing homes. During 1905 there has been an increase in the number of patients accommodated at the convalescent homes; the number amounting to 1,060, and it has been decided to increase the accommodation at the Horsforth Home for Men. It is intended to utilize the greater part of the present home as the administration department of the enlarged building, which will provide accommodation for 66 patients and a staff of 14. The estimated cost of the additions and alterations is £3,500.

Newcastle-upon-Tyne.

NORTH OF ENGLAND GLASGOW UNIVERSITY CLUB BANQUET.

The annual dinner of the club was held on February 21st, under the presidency of Mr. James Thomson, M.A., C.E., nephew of Lord Kelvin, the Vice-Chairmen being Drs. Farquharson and Johnstone Weir. Upwards of sixty sat down to dinner. Professor Barr, of the Engineering Department of Glasgow University was the guest of the evening. After the loyal toasts had been honoured, Dr. Burnett proposed "The Imperial Forces," which was responded to by Captain Carter of the Elswick Battery, and by Dr. Farquharson. To Dr. James Drummond, of South Shields, was entrusted the toast of the evening, "Alma Mater," coupled with the name of Professor Barr. Briefly alluding to the foundation of the University by a Bull from Pope Nicholas V. in 1450, Dr. Drummond