

these complicating symptoms are evanescent. The intramuscular injection of the acid solution has already been referred to. As to the solution prepared by the addition of NaHO, that is injected slowly into the gluteal region. The quantity used is larger than in the case of the acid solution, and the sciatic nerve is more likely to be interfered with. The pain and swelling which follow the NaHO solution are greater in the usual run of cases than with the acid solution, but the personal equation *qua* pain must be considered. In intramuscular injections the point to bear in mind is to make the injection slowly in order to avoid dissociating the muscular fibres roughly. The intramuscular injections in oily suspensions are carried out in two movements as for insoluble preparations of mercury.

#### OUTDOOR RELIEF ORDERS.

By the courtesy of the President of the Local Government Board, we have received an advance copy of the report of the Departmental Committee appointed last March by the President of the Local Government Board to inquire and report whether any, and if so what, amendments should be made in the orders issued by the Poor Law Commissioners, the Poor Law Board, and the Local Government Board relating to the administration of outdoor relief in England and Wales.<sup>1</sup> The committee, which consisted of Sir Samuel Butler Provis, K.C.B., Permanent Secretary to the Local Government Board; Mr. James Stewart Davy, C.B., General Inspector of the Local Government Board; Mr. Walter Tapper Jerred, an Assistant Secretary to the Local Government Board; and Mr. Thomas Smith, Clerk to the Guardians of the West Ham Union, held thirty sittings. The report of the committee states that the problem before it has been determined mainly by two considerations—first, the recommendation of the Royal Commission that there should be one uniform order governing outdoor relief or home assistance; and, secondly, that its function was rather that of amendment than the elaboration of any new scheme of relief. The committee has accordingly prepared a draft for a new and uniform Order based mainly on the provisions of existing Orders. The Orders which it has been considered desirable to revise are: (1) The Orders known as the Outdoor Relief Prohibitory Orders; (2) the Orders known as the Outdoor Relief Regulation Orders; (3) the Orders known as the Outdoor Labour Test Orders; and (4) the Orders known as the Modified Workhouse Test Orders. The provisions of these Orders are given in appendices, and it is sufficient to say here that the Prohibitory Orders are so called because they prohibit the grant of outdoor relief to able-bodied persons and their families, except in certain specified cases, while the Regulation Orders do not prohibit outdoor relief, but impose certain conditions on its grant. The title of the Labour Test Orders speaks for itself; while the Orders of the fourth group refer to the grant of outdoor relief to the family of an able-bodied man while he is being relieved in the workhouse. Other Orders have also been under survey, such as the Boarding-out Orders, those relating to the constitution and powers of Relief Committees, and the Relief (School Children) Order, 1905, but it was thought better not to deal with these at once. We propose next week to summarize the interesting account given by the committee of the evolution of the Orders now in force, and to show how far the committee considers that its present proposals would carry out the principal recommenda-

<sup>1</sup>The report has now been issued, price 6d.

tions of the Royal Commission on the Poor Law with regard to outdoor relief. The committee had special regard to the emphatic recommendation of the Royal Commission that there should be one uniform Order dealing with outdoor relief, and seeing that the general inspectors of the Local Government Board who were consulted were unanimous in approving the form of the Prohibitory Order with the provision when necessary of a subsidiary test, and also that this form had already commended itself to the committee, an Order was drafted which is intended to unify administration on these lines. The draft was then submitted to all the general inspectors and to the Poor Law medical inspectors, and revised after consideration of their comments. The text will be found in the SUPPLEMENT (p. 20).

#### SICKNESS AND INVALIDITY INSURANCE.

ON January 10th the Chancellor of the Exchequer received a deputation representing the deposit friendly societies on the subject of the sickness and invalidity scheme of the Government, an outline of which was published last week. The deputation, which, it was stated, represented a quarter of a million members with a capital of two millions, consisted of representatives of the Hampshire General Friendly Society, the National Deposit Friendly Society, and the Teachers' Provident Society. The proceedings were private. That Mr. Lloyd George intended to receive such a deputation was indicated in the article referred to last week, where it was also stated that he would receive representatives of the dividing societies and of companies providing either a general sickness insurance or an insurance against infectious diseases. We notice that Mr. T. Barnes, Grand Master of the Ancient Order of Foresters, has stated that the provisional scheme of State insurance given into his hands by the Chancellor of the Exchequer under a pledge of secrecy did not correspond with the scheme outlined in the *Times* and *Manchester Guardian* last week. That article, he said, was very different from what he would have said, had his mouth not been sealed. The outline was both inadequate and incorrect, and did not fairly convey the proposals of the Government. The present position, therefore, is very obscure, and it is clear that the medical profession must not relax its vigilance, and that the British Medical Association must persevere in the task of ascertaining the opinion of the profession and settling a policy for the future whatever the scheme may prove to contain when it is finally promulgated officially.

#### ADVERTISING AND UNQUALIFIED PRACTITIONERS.

In the series of articles which have appeared in our pages during recent years, giving the results of analyses of various nostrums advertised for the treatment of disease, many instances have been given of advertisers who do not supply their wares through the ordinary channels of retail trade, but through the post direct to the patient, and their general method of procedure includes the sending of a list of questions—usually called a "diagnosis form"—to be answered, so that the patient is at least led to suppose that his case receives individual attention from some expert who remains in the background. The article concluded this week, on the analysis of "nerve tonics" and remedies for the results of sexual excesses, includes a larger proportion than usual of instances of such practices. Some of the preparations dealt with are proprietary medicines obtainable in the ordinary way from any patent medicine dealer; the most noticeable features of

these are the extensive nature of the claims made for simple and commonplace combinations of phosphoric acid with vegetable bitters, or of sulphate of iron, and the usual disproportion between the cost of the ingredients and the price charged for the article. But the persons who give their attention specially to treating the effects of sexual excesses and venereal diseases appear in most cases to prefer another kind of procedure. The usual plan is to advertise a book on the subject, to be sent free on receipt of postage. When the prospective patient receives the book, he finds it to be a treatise dealing with affections of the generative system in a way not likely to lead him to be remiss in seeking a cure for any complaint of the kind from which he may be suffering, or may suppose himself to be suffering, and suggesting the conclusion that the only medicine or treatment of real value is that supplied, usually at a charge of one or two guineas, by the firm issuing the book. The letters which are then sent at intervals to induce him to undergo the "treatment" contain numerous references to "our consulting physician," or "our specialist," etc.; a list of questions to be answered is sent, and in some cases a sample of urine asked for, though, to judge by the examples given, the latter proceeding seems to be a farce. When the patient has parted with his first guinea, it seems apt to be found that his case is a complicated one, imperatively requiring some additional medicine, for which a further guinea or more is to be sent. The medicines supplied are, as the analyses show, such as allow a gross profit of nineteen-twentieths, or thereabouts, of the money obtained. If there were any real expert study of the case by a properly qualified and competent person, it might be right to consider the fee as paid for professional services, and not primarily for the medicine; but occasionally the veil of mystery surrounding "our consulting physician" is lifted (see, for example, BRITISH MEDICAL JOURNAL, January 1st, 1910, page 40) by evidence in a coroner's court or in some other way, and it is then seen that this individual, if not wholly mythical, is somewhat shadowy, or perhaps it would be better to say shady. It might have been supposed that mere common sense would lead the public to recognize that even if any real expert would consent to work under such conditions of anonymity, no satisfactory diagnosis could be made in the manner pretended, and that the paying of a fee for advice in such circumstances is a very different thing from paying for the attention and skill of an expert who really investigates his cases. But it is evident, from the way these concerns flourish, that the power of suggestion by advertisement is, in many persons, far greater than the powers of reflection; the question of how best to deal with such medical practice by unqualified persons is one which will have to receive more attention in the near future than it has hitherto received.

#### THORIUM RADIO-ACTIVITY AND ITS FUTURE IN MEDICINE.

DURING the last five years a large amount of work has been done, chiefly by Otto Hahn in Berlin and Rutherford and Soddy in Great Britain, upon the highly concentrated radio-active products of thorium. In a paper read before the Roentgen Society on January 5th Professor E. Rutherford, F.R.S., described these researches and the large radio-active family which now surrounds this metallic substance. Dealing first with the radio-active gas or emanation which diffuses out of a thorium compound, Professor Rutherford said that this emanation disappeared at

a definite rate, one-half of it breaking up in fifty-four seconds, one-half of the remainder in the next fifty-four, and so on. But this emanation could give an active deposit, which analysis showed to consist of four substances breaking up successively the one into the other, and named thorium A, B, C, and D. Each of these transformations was accompanied by the expulsion of an alpha particle—really a charged atom of helium—after the usual manner of changes in radio-active substances. All these substances were unstable, the longest lived, thorium A, having a half-period of 10.6 hours and governing the disappearance of the active deposit as a whole. But thorium D, the last of this succession, emitted beta and gamma rays, and therefore, although a plate covered with this deposit would lose its activity in the course of a few days, the possibility of getting exceedingly active plates, the activity of which would last for a day or two, was a practical consideration. In the case of radium the activity practically disappeared in two or three hours; in the deposit from thorium emanation it lasted as many days. Professor Rutherford then turned to the radio-active substances derived from thorium itself, and not its emanation, beginning with thorium X, which was left in solution after precipitating thorium by ammonia. This fell to half-value in 3.6 days. Working with some of the residues obtained in the production of thorium from thorianite, Hahn discovered that another substance must be present, radio-thorium, which declined to half-value in two years. Finally, in attempting to separate radio-thorium directly from thorium, the presence of another intermediate substance was disclosed, and this was named meso-thorium. If considered apart from its spontaneously appearing products, meso-thorium decayed to half-value in 5.5 years. It emitted fairly penetrating beta and gamma rays, and although initially it had no alpha-ray activity, it would in the course of a few years "grow" radio-thorium, which did emit alpha rays and ultimately changed into thorium X, and thorium X into emanation. They knew that the maximum amount of radio-thorium that was going to be "grown" from meso-thorium would be reached in 4.62 years. The activity of a preparation of meso-thorium would thus rise for about 3.5 years after its separation, when it would be from one and a half times to twice as great as it was initially. It would then die away with time, but even after ten years the activity of the transforming product would be higher than that of the original meso-thorium at its separation. The preparation could be standardized on that basis. The labour of separating these highly-active preparations of meso-thorium was made the easier because some 700 tons of thorium annually had to be produced for commercial purposes. But the work of extraction of thorium from the monazite sand, and of meso-thorium from the thorium residues (the meso-thorium would contain the small proportion of radium that was in monazite sand) was many times greater than that involved in the extraction of radium. Nevertheless, it could and would be done, because thorium was wanted commercially, and, once obtained, the separation of these active substances had no effect upon its commercial application and entailed neither injury nor appreciable waste of the main product. He anticipated that the price would be much lower than the present price of radium, which was quite fantastic. For medical purposes meso-thorium was just as good as radium. Its beta rays had equal penetrating powers, and its gamma rays were perhaps slightly more penetrating. Whatever physiological effects radium possessed, meso-thorium seemed likely to possess the same. The one substance might differ from the other



a little in speed, which would possibly be important ultimately, but for the present it was not a matter that need be taken into account.

#### THE PARIS HOTEL-DIEU.

PROFESSOR A. GILBERT'S opening lecture at the medical clinic of the Hôtel-Dieu, Paris, which appears in the first number of the new journal, *Paris Médical*, of which he is editor, contains an extremely interesting account of a hospital which is one of the oldest in Europe, and the most famous in France. The origin of the Hôtel-Dieu is lost in the mist of antiquity, its foundation being attributed by some authorities to Bishop Inchad, who flourished in the ninth century, and by others to Saint Landry, who had been Bishop of Paris two hundred years earlier. It arose under the very shadow of Notre-Dame, and for three hundred years was known successively as the "Hospice Saint-Christophe" and the "Hospice Notre-Dame," until it was rebuilt at the end of the twelfth century, and christened the "Maison-Dieu de Paris," whence is derived the title it has borne ever since. During the centuries which elapsed between this reconstruction and its restoration in the seventeenth century, many of the French Kings interested themselves in improving and adding to the hospital buildings. St. Louis took the institution under his especial protection, whilst his predecessor, Philip Augustus, amongst other favours, generously granted it "all the straw from his room and his house in Paris, every time he vacated it to sleep elsewhere"! Restored on a magnificent scale in the seventeenth century, the Hôtel-Dieu—partly demolished by fire three separate times during the years which immediately preceded the Revolution—was rebuilt on its ancient site not long before the outbreak of the Terror; it was then known as the "Grand Hospice de l'Humanité." Finally, in 1877, a new Hôtel-Dieu arose on the other side of the cathedral, and the original buildings were pulled down; the work was completed only some eighteen months ago. It is, perhaps, hardly necessary to say that the modern hospital differs in every detail from the ancient "Maison-Dieu." At first the Hôtel-Dieu was not a hospital at all in the modern sense of the word, but simply a vast charitable institution where any poor or afflicted persons, beggars, pilgrims, old and disabled people, and orphans, as well as the sick, might find a home, and where even the ordinary traveller could reckon on a night's lodging. To only one form of suffering was the shelter of its wards denied; the doors of the Hôtel-Dieu were rigorously closed to the leper. It was not until the sixteenth century that the Hôtel-Dieu became definitely a hospital for the sick. In its earlier days the old hospital, in spite of the welcome it extended to every kind of human misery, offered but little in the way of comforts, or even of actual necessities. As late as the twelfth century it contained so few beds that in 1188 a law was passed which made it obligatory for every canon of Notre-Dame, either on his death or in the case of his resignation, to leave a bed (mattress, pillow, and sheets) to the hospital. In spite of this, however, in the fifteenth century the number of beds was only 303, rising to 500 in the sixteenth century, and to 1,219 at the end of the eighteenth. The lack of accommodation caused infinite discomfort and suffering during the frequent epidemics, famines, and civil wars, when the wards were filled with the sick and dying, and six, eight, ten, twelve, or even fourteen patients, suffering from various diseases, were crowded together in one enormous bed. The climax was reached in the seventeenth century, when Geneviève Bouquet, the

prioress of the nursing nuns, conceived the brilliant idea of utilizing the tops of the huge four-posters by placing mattresses upon them, on which slept the most active of her patients, who had to get in and out of bed by means of ladders! The medical treatment at the Hôtel-Dieu was at first almost as primitive as the accommodation, the hospital staff being composed of canons of Notre-Dame, and the nuns who for centuries took the place of the modern *garde malade*. All through the Middle Ages the patients were received and examined at the door by the portress; and it does not appear that any proper preliminary medical examination was customary until as late as the eighteenth century, when incoming patients were overhauled by the visiting surgeon before being admitted into the wards. After admission, the patient, according to the rules of the hospital, had to go to confession; after which he was undressed and put to bed, and his clothes were sent to what was suggestively called the *pouillerie*, where they were cleaned and kept until his discharge. The nucleus of a surgical staff was formed in 1221, when a surgeon called Hubert, "for charity and the good of his soul," undertook to visit the sick in the Hôtel-Dieu, and Vincent de Bois, about the same time, offered, together with a large sum of money, his services gratuitously to the hospital. A hundred years later, in 1328, the King appointed two surgeons (who were paid from the public treasury) to attend the Hôtel-Dieu, together with a physician and a midwife, known as *la ventrière des accouchées*. This state of things lasted until the sixteenth century, when the hospital authorities appointed a physician (who only visited the wards once or twice a week) and a master surgeon, who had several assistants and a crowd of apprentices. Later, the number of physicians was increased, and in the time of Louis XIV as many as eleven, including the King's own doctor, Fagon, attended the hospital patients. As for students—*philiatres* as they were called—it has been asserted more than once that they were not admitted inside the Hôtel-Dieu until the end of the seventeenth century. Professor Gilbert, however, is of opinion that they were admitted from the time of the foundation of the School of Medicine in the thirteenth century. By virtue of an edict passed in 1707, students were obliged to remain a couple of years at the Hôtel-Dieu, and, further, they were forbidden to remain under the tuition of the same man for longer than five years at a stretch. The Revolution swept away this ancient system, and in 1802 the service and administration of the Paris hospitals were entirely reorganized. Twenty-seven years later this system, in its turn, yielded to another, which is still in force at the Hôtel-Dieu at the present day.

#### MEDICAL TREATMENT OF SCHOOL CHILDREN AT NORWICH.

At a meeting of the Norwich Education Committee on January 9th a report was presented from the School Attendance and Physical Care Subcommittee recommending that the committee of the Norfolk and Norwich Eye Infirmary be informed that the Education Committee, while willing, subject to the approval of the Board of Education, to renew their offer to subscribe to the Infirmary, was unable to recommend the education authority to accede to the suggestion that they should make arrangements for the testing of the eyesight of school children by ophthalmic surgeons at the cost of the authority, and that in the event of the committee of the infirmary determining not to treat children attending public elementary schools, the matter be referred to the Board of Education for its advice as to the action to be taken in

regard thereto; and that the Education Committee add that they have heard with great surprise that in one case a recommendation obtained by the school children's own subscriptions had been refused by the medical staff of the infirmary, contrary to the public expectation that recommendations properly obtained and carefully allotted to suitable cases would be acted upon. Miss Hinds Howell, in moving the adoption of the recommendation, said the School Attendance Committee had received two deputations, one from the managers and the other from the medical staff of the Eye Infirmary. Miss Howell said that the managers appeared to think that the staff was over-rushed, while the staff objected to treat elementary school children sent to the hospital by the Education Committee. She asserted that the Education Committee sent no children to the hospital—the children went on their own initiative and took recommendations, and yet were refused treatment. Mr. A. W. F. Bagge, who seconded the motion, said that the least said is soonest mended. He hoped that the doctors would see fit to change their line of action. From the subsequent discussion it would appear that money has been collected in the schools for the hospitals, and the chairman expressed the opinion that to raise a subscription to get a recommendation for one of themselves was one of the best forms of charity children could be induced to undertake, for it encouraged self-help. He added that the deputations had assured the committee that the doctors did not raise the question of the ability of the children to pay. One speaker, Mr. Crotch, took up the untenable position that hospitals were not charities because from most households in Norwich and the district contributions were received for the hospitals, while the city contributed to their funds by charging the hospitals only one-third of the rates. There seems to be a good deal of misapprehension as to the attitude of the medical profession with regard to the treatment of elementary school children found defective on medical inspection. It is true that while the Act lays upon education authorities the duty of providing for the medical inspection of children the power to make arrangements for attending to the health and physical condition of the children educated in public elementary schools is only permissive; many education authorities, however, have already recognized that there is an obligation upon them, in the interests of the well-being of the community, to see that the object with which medical inspection has been established is not rendered nugatory by failure to make adequate provision for the treatment of certain classes of defects at any rate, especially eye disorders, including refraction, certain infectious skin diseases, and dental disorders. It seems clear that the Norwich Education Committee has not yet faced the matter and thought out a scheme. Whether the school child was, technically, sent by the authority or not, it appears clear that the authority has not made any arrangement for treatment, and has tacitly approved the reference of the children to hospitals by permitting the collection referred to to be made. The matter, as our readers are well aware, has engaged the very careful consideration of the British Medical Association, and in 1909 it was decided that the Association should oppose the reference of school children found upon medical inspection to be defective to public medical charity for treatment, whether or not accompanied by payment or subsidies. The Association is also opposed to any scheme which rests on the reference of children to the Poor Law pending such reforms as may result from the consideration of the reports of the Royal Commission on the Poor Law. While not

objecting to treatment of such children by provident dispensaries or other contract practice organizations under suitable conditions, provided that the remuneration of the practitioner is adequate for the work done, the Association considers that the most satisfactory provision for the treatment of such school children is by placing them under the care of private practitioners.

#### THE FREE DISTRIBUTION OF DIPHTHERIA ANTITOXIN.

ON August 15th, 1909, the Local Government Board made orders sanctioning the provision by sanitary authorities of a temporary supply of diphtheria antitoxin for the poorer inhabitants of a district provided the arrangements for the keeping, distribution, and use of the antitoxin were made in accordance with the advice of the medical officer of health. The Metropolitan Borough Council of Islington has decided, on the recommendation of the M.O.H., Dr. A. E. Harris, to give effect to the order. In a recent report on the subject, Dr. Harris gives the result of the use of antitoxin in diphtheria in various places, and, quoting from figures published by the Metropolitan Asylums Board, points out that there is an increasing mortality with each day's delay in the administration of antitoxin, the case-mortality being 3 per cent. when it is administered on the first day of the disease, and 148 per cent. when on the fifth day and upwards. He suggests that a supply of antitoxin should be kept at the Islington Town Hall, where practitioners can obtain it during the day, and at the Great Northern Hospital, where it can be obtained at night or during the day by those who reside near the hospital. The cost he estimates at about £30 a year, and he anticipates that in course of time the case-mortality, which is now about 10 per cent., will be reduced to 5 per cent.

#### MEASLES AND MOTHERCRAFT.

IN a special report upon the occurrence of measles in certain schools in St. Pancras during the latter part of 1909, the medical officer of health of the St. Pancras Metropolitan Borough, Dr. J. F. J. Sykes, has taken the opportunity of discussing the whole question of school attendance as it is affected by outbreaks of measles. After pointing out that the mortality of the disease amongst children over 8 years of age is not serious, but that it is serious among those under 5 years, he expresses the opinion that admittance to school of children under 5 years conduces to the spread of the disease among just those in whom it is specially desirable to postpone exposure and attack. He considers that nothing short of the permanent exclusion from school of children under 5 years of age at least will help to reduce the mortality from the disease, and if the exclusion were extended to 6 or even 7 years, it would be still more effectual. He suggests that scholastic education for infants under 5 is undesirable, and that the physique of the young child should be the first consideration. The education of the mother being more important than the education of the child, she should be enlisted in the education of infancy instead of being divorced from it. He advocates the formation of institutions for the teaching of mothercraft, and considers that if the moneys and efforts now spent upon trying to educate scholastically children under 5 years of age, and the moneys contributed to the maintenance of milk dépôts, day nurseries, nursery schools, and similar philanthropic efforts, were all to converge into one channel of schools of mothercraft, dealing comprehensively with mothers and infants up to compulsory school age, the effect of such a scheme could not fail to produce the most beneficial results.



## SUBURB PLANNING.

A COMPANY called the Ruislip Manor, Limited, has been formed to develop an estate belonging to King's College, Cambridge, close to Northwood, Middlesex. The company undertakes not to divide more than 5 per cent. among its shareholders, and to devote any surplus profit to the benefit of local residents. It is working under the Town Planning Act in co-operation with the Ruislip-Northwood Rural District Council. King's College has entered into an undertaking for the granting of options over its land for a period of twenty-one years. The company intends to develop one or two sections at a time, and as soon as these have become productive to devote its energies to another section, and so on. The two sections to be dealt with first are near Northwood Station and Ruislip Station respectively. Architects have been invited to submit plans for the laying out of the estate, and these are now being exhibited at the Alpine Club in Savile Row. The assessors, Sir Aston Webb and Mr. Raymond Unwin, have placed first in order of merit a plan submitted by Messrs. J. and A. Soutar, in which due consideration is given to the proper linking up of all parts of the estate with the various main roads and other approaches to neighbouring towns and villages, as well as the metropolis. The intention of the company is that the estate should be developed with proper regard to open spaces and to affording facilities for outdoor recreation. In making the award the assessors have had this, as well as the convenience of access, prominently in mind. It is from one point of view sad to think of another piece of the rural portion of the home counties being turned into a suburb, and one is inclined to hope that London may before long be able to yield to New York the boast of being the largest city in the world, but if, responding to modern requirements and the greater desire among London workers of certain classes, to live away from the centre of London, new suburbs must come into existence, it is highly satisfactory to know that the extension is to be made on a well-considered plan. A discussion on town planning in practice is to take place this (Saturday) afternoon at the Alpine Club, at 3.30 p.m., when the chairman of the Town Planning Committee and the clerk to the Ruislip-Northwood Urban District Council will give an account of the procedure followed by that council in the preparation of a town plan for the area.

## HEREDITY AND INSANITY.

DR. OSWALD BUMKE, of Freiburg, well known as a writer on psychiatry, has in a recent essay<sup>1</sup> discussed some misconceptions with regard to insanity, and especially draws attention to certain erroneous diagnoses often met with as to particular clinical categories. With much that Dr. Bumke has to say about differential diagnosis we are not here concerned, for a great part of his discussion turns upon the clinical teaching of his country; and the same applies to a final chapter upon medical evidence as to the mental status of accused persons in law courts. On the other hand, considerable interest attaches to some of the more general questions treated, such as the causation of insanity and the often hypothesised "deterioration of the race." That an insane, or still more comprehensively, a neuropathic, heredity is of all others the most potent etiological factor in insanity, is widely accepted, both in medical and lay circles. On every hand evidences abound of the truth of this estimate. The reports of the Lunacy Commissioners and the

<sup>1</sup> *Landläufige Irrtümer in der Beurteilung von Geisteskranken.* By Dr. Oswald Bumke. Weisbaden: J. F. Bergmann, 1908. (Sup. roy. 8vo, pp. 80. 2s. 3d.)

annual reports of asylum superintendents in our own country, textbooks of mental disorders and other writings on this subject, discussions and contributions at medical meetings, all show this prevailing trend of opinion. Dr. Bumke says that not long ago authorities in Germany inclined to the view that at least three-fourths, and according to many statistics as much as 90 per cent., of all insane were "hereditarily burdened." Although in our country we have never heard of candidates for official appointments being debarred office because of their neuropathic heredity—as Dr. Bumke says has happened in Germany—it is certain that here, as there, great weight is attached in courts of law by counsel to the fact of insanity in the forbears of any accused person. The legal evidence of many medical men who lay stress upon the family antecedents and personal and bodily "signs of degeneracy" instead of confining themselves to the analysis of the individual mental personality Dr. Bumke stigmatizes as a grave logical error, by its confusion of fact and hypothesis. It is interesting to note that Dr. Bumke always speaks of the heredity doctrine of insanity in the past tense, and says that "this great structure [the heredity doctrine] has been removed bit by bit during the last few years," whilst the fragments that remain are being gradually used to lay the foundation of newer and more exact teaching. In so speaking, Dr. Bumke appears as one conscious that what he says as to the defunct condition of the doctrine is generally conceded, a view to which the writings of authorities like Tanzi, Lugaro, and others lend colour. Whilst admitting the inheritance of insanity—a fact surely beyond disproof—it seems reasonable with Dr. Bumke, to maintain that on the general question of the actual importance of heredity in insanity mere statistics of the occurrence of insanity in the forbears of insane people have no value unless compared with the results of parallel investigations into the insane ancestors of sane people (Dr. Bumke quotes one inquiry as yielding 66 per cent.); and also that with regard to any individual said to be hereditarily burdened the amount and distribution of the burthen, and also the nature and causes—possibly exogenic—of the insanities in the individual's forbears, require to be taken into account. The hypothesis of racial degeneration, which he maintains overlooks the fact of racial regeneration, Dr. Bumke dismisses in a few lines as a purely theoretic speculation, and in the "stigmata of degeneration," now generally regarded as quite compatible with complete mental integrity, he sees, even with regard to severe developmental anomalies, only the need for stringent search for departures from a normal mental development, and nothing more.

THE draft ordinance giving effect to the new arrangement for medical chairs in the University of Glasgow was approved by the general council of the University on January 11th. The ordinance provides for the foundation by the Muirhead trustees of two new chairs of pathology and obstetrics and the augmentation of the emoluments of the existing chairs of clinical medicine and clinical surgery.

THE eighteenth annual report, that for 1909, of the Medical Officer of Health for the Administrative County of London, was issued on January 11th. It appears that the mean annual birth-rate shows a slight further decline from 25.21 to 24.18, as compared with 25.58 for England and Wales. The mean annual death-rate increased from 13.82 to 14.03, which compares with 14.49 for England and Wales. We hope to refer to the report more at length in a future issue.