

BRITISH MEDICAL ASSOCIATION.

SUBSCRIPTIONS FOR 1902.

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British Medical Journal.

SATURDAY, NOVEMBER 29TH, 1902.

ABUSE OF MEDICAL CHARITY.

WE have been favoured with a copy of the present month's number of the *Commonwealth*, "a Christian Social Magazine," edited by Canon Scott Holland, and containing an article entitled, "Joins in our Armour: the Cruelties of Charity," which will well repay the serious attention of medical readers. It is written by a clergyman who was in charge of a London suburban parish for three months during the past year, and whose attention was aroused by the calls on him to sign letters for the local dispensary. He took the precaution (and we regret to say that it is an uncommon precaution) of making some inquiry into the circumstances of each applicant, and he gives the leading particulars of twelve consecutive applications. The result was that in only two cases did he find himself justified in signing the letters. In half these cases children were sent round to the clergyman to procure his signature which it was assumed would be appended as a matter of course—an assumption for which there seems to have been only too good ground. In several instances the very idea of an inquiry being made was indignantly resented, one applicant coolly saying, "I never had any trouble before in getting letters. *What else is the Church for?*" Some of the ten persons whose letters were not signed were in no real need of medical attendance at all, others could and did arrange with their own doctors, and others very probably obtained signatures elsewhere without any questions being asked.

The clergyman wrote to the secretary of the dispensary a letter setting forth the facts, but received a reply merely thanking him for his trouble, and informing him that the committee were not prepared to make any drastic changes, and that their medical staff considered that such abuses existed only to a very small extent. The clergyman then preached a sermon on the "Cruelty of Charity," trying to arouse his hearers both in church and in private to the immorality of signing false statements about persons of whom they knew nothing, and of being concerned in working institutions which they had good reason to think were doing harm instead of good. Finally he tried to recommend the provident dispensary system, and with a certain amount of success. His summary of his experience of medical charity, and of the share which the clergy have in its administration, may be given in his own words:

"1. The proportion of cases really needing free treatment was one in twelve. A friend of mine who is a school manager in South London received a list of forty families where the children were said to be underfed and to need

free dinners. By the simple process of visiting the parents and asking if they really wanted them they reduced the number to six without any further inquiries of any sort. The proportion is just the same in each case. The income of the dispensary is £702, but when money is required for pensions for those who have done their best all through their lives to provide for old age, or for the cure of consumption by open-air treatment, the utmost difficulty is experienced in raising the necessary funds.

"2. The secretary told me far the greater number of letters were signed by the clergy and that the people in certain districts seemed never to be off their hands. One cannot perhaps expect men to realize the harm such an institution is doing without some education in the science of relief, but I own I was appalled at the thought that we who ought to be teachers of truth should be so absolutely deficient in the simplest principles of common honesty as to sign, day after day, false statements about people without taking the least trouble to ascertain the truth, and to give recommendations without any sense of the responsibility entailed. I confess I am in despair as to the spiritual work of the Church among the poorer members of the community as long as we remain blind to the hypocrisy we are encouraging by our action and the contempt into which we have brought religion by our neglect of principle."

The author gives his name, and no doubt the facts could easily be verified. Were there many more such clergymen, there would be far fewer such dispensaries.

THE EDUCATION BILL AND SANITARY AUTHORITIES.

As will be seen from the report published in another column (p. 1711), the last meeting of the Incorporated Society of Medical Officers of Health was devoted to a consideration of the Education Bill in its relation to sanitary authorities. The subject was brought up by Dr. Meredith Richards, who read an interesting paper containing a number of valuable suggestions towards improving and increasing the hygienic control of elementary schools under the new conditions which the legislation of this session will create. Eventually a series of resolutions were adopted, and will be brought to the notice of the Local Government Board and the Board of Education. We trust that effect may be given to them either in the Bill itself, or in the first educational code to be issued under the Bill when it becomes an Act, for this code must have a very important influence in moulding the future conduct and administration of elementary schools.

The first of the resolutions declared the necessity for hygienic supervision of elementary schools by the medical officer of health. In the second, the necessity for additional powers of entry and of examining scholars suspected to be suffering from or conveying infectious disease was emphasized. The necessity for bringing up the standard of floor space in all schools to that provided by the present maximum of the code and the desirability of a standard of purity of air in schools formed the subject of the next two resolutions. In the fifth resolution it was urged that schools claiming grants should be required to produce a detailed report from the medical officer of health showing that they

are in a sanitary condition; and in the sixth resolution it was proposed that the medical officer of health should be required to record the action taken by his department in regard to schools, and to forward to the Board of Education such portions of his report as relate to this subject, just as he is now required to forward similar particulars as to workshops to H.M. Chief Inspector of Factories. The seventh resolution, setting forth the desirability of the Board of Education securing a skilled medical adviser to co-ordinate the sanitary regulation of schools and to organize a code of preventive measures applicable for schools, will be heartily endorsed by those who are familiar with the sanitary anomalies embodied in the codes of building regulations and in sundry circulars sent out by the Board of Education. The last resolution dealt with the necessity for making it a duty of the teacher to notify to the medical officer of health cases suspected or alleged to be suffering from infectious disease, and to carry out the instructions of the medical officer of health as to their exclusion.

The general merits of the resolutions thus briefly sketched are scarcely open to discussion. They all represent reforms which are urgently needed in the interest of efficient public health administration. Some of the resolutions are already acted on in many districts, and we trust that the representations to be made to the responsible central authorities will ensure efficient provision being made for the enforcement of these regulations.

The efficient working of the details of school hygiene will cast additional work on all medical officers of health throughout the country. It will imply in many districts the conversion of part-time into whole-time medical officers of health; in others the appointment of assistant medical officers of health. Some of the new educational authorities may for a time shirk to a certain extent their responsibility for the health of their scholars; others will at once do their duty. It will be the duty of medical officers of health throughout the country to bring home to the individual educational authorities with which they are concerned, the necessity for taking up this hitherto partially neglected work, and the necessity for making the requisite pecuniary and other arrangements for its execution.

Some difficulty will necessarily arise in setting the new machinery in operation. In county boroughs and in the larger urban districts which constitute educational authorities, educational and sanitary boundaries being co-terminous, the difficulties will be at a minimum. In other sanitary districts the county council will be the educational authority. The medical officer of health of the county will find it almost impracticable to give detailed supervision to the sanitary condition of each school, and the supervision by him of the health of individual suspected scholars will be quite impracticable. These functions must necessarily devolve upon district medical officers of health, many of them in busy general practice; though county medical officers will be the skilled advisers of the educational authority in all important matters, and will, we hope, have a controlling influence in the erection of thoroughly satisfactory schools and in codifying regulations as to infectious diseases, etc., in the schools of each county; as well as the same rights of entry into all schools

as the district medical officer. It is to be hoped that one of the earliest results of the Education Act will be that those county councils which have not hitherto appointed county medical officers will hasten to do so. They will now be the authority which is responsible for the education of the children in each administrative county, and in this work considerations of health are involved to an extent which the public have hitherto not fully realized, but which will, we believe, be realized to a much greater extent in the next few years.

THE DEAN OF NORWICH ON CHRISTIAN SCIENCE.

CHRISTIAN SCIENCE, though it has so far come before the public mainly as a form of faith-healing, is primarily a new religion. This fact is not yet, we think, fully appreciated by the clergy, at least in this country. Yet Mrs. Eddy makes no secret of her belief that she has been chosen to be the medium of a new revelation, and vast numbers of foolish persons believe her to be a fresh incarnation of the Deity. It is in her assumed capacity of quasi-divine healer that she has hitherto for the most part come into conflict with constituted authorities and with public opinion. But she is also the high priestess of a cult which is spreading to an extent that has already alarmed older "churches" in the United States, and which is at last beginning to excite the attention of some of the clergy in this country. We are glad to hail them as allies in fighting a superstition which is, we are convinced, as detrimental to the spiritual as to the physical side of man.

We stated some time ago that the Dean of Norwich, Dr. Lefroy, had announced his intention of entering on a campaign against Christian Science. This promise he has lately fulfilled by delivering a course of five sermons in the nave of Norwich Cathedral to audiences of about 2,000 persons. Preaching on Sunday last from the text "They that are whole need not a physician, but they that are sick," the Dean compared this statement with the following passage from Mrs. Eddy's book: "Like Jesus, the healer should speak to disease as one having authority over it, leaving the soul to master the false evidences of the corporeal senses, and assert souls' claim over mortality and sickness. The same principle cures both sin and sickness. When Christianity overcomes faith in materia medica, and Divine faith destroys faith in drugs and other material methods of healing, sickness will disappear." He showed that, while Christ recognized the need of a physician and the duality of man's nature, Mrs. Eddy declared again and again that man was all spirit. Parental ideas about material birth she described as a delusion of the people whom they called parents. "You are not," she affirmed, "in two conditions, soul and body, nor composed of two materials. You are all spirit, and there is no power greater than you, God's child, nor opposed to you, pure spirit, in the whole universe."

The Dean said that what he had cited showed the foundation idea of Christian Science. The existence of matter was to be denied out and out, always and everywhere. The length to which this was carried bordered on, if it did not actually reach, the ridiculous. Mrs. Mills, in her method of treatment of disease, and regarding man as

spirit, advised the patient never to acknowledge that he had taken cold, nor to admit that a story was painful that was related to him, still less to admit that his sight was defective. Rather let man say, "No, my sight can never grow dim. It is of God, secure, permanent, and increasing." "Not only," she states, "say these words, but behave accordingly. Do not resort to glasses, but put your whole higher character against the idea of failure of sight and fearlessly make use of your eyes." It never, said the Dean, occurred to this amiable enthusiast that some of the best men in this world had been afflicted with cold, pain, and deprivation of sight, and that no amount of make-believe would cause a blind man to see, a paralysed man to feel, or one with a cold to be independent of remedial agencies.

The Dean also referred to some points of a practical character. The book which he had used for the purpose of his discourses had, he said, run into 220 editions. If each edition had amounted to a thousand, there was over £200,000. Mrs. Eddy gave instruction. Each pupil paid £60 for three weeks' instruction—a rather lucrative religion. Whatever her opinions might be about matter, one thing was clear—money was matter. But she said matter was nothing, and yet she made money something. She was careful to prove that she believed that that which was nothing was very well worth having. Finally, the Dean alluded to the painful prevalence of such superstition, and ended by warning the congregation against the evils that followed upon idleness, morbidity, and jaded energies and powers, which left men surfeited by wickedness and passion, victims to every fad, faith, and fancy that came before them. The grand remedy for all this was unhesitating belief in the quickening power of the Word of God.

We congratulate Dr. Lefroy on having grappled so firmly with a growing and peculiarly degrading fanaticism which threatens sound religion as well as rational medicine.

THE VIRCHOW MEMORIAL FUND.

We hope and believe that a great number of subscriptions will be sent to the representative Committee formed at the meeting in London last week (page 1733) to raise a fund in this country to be contributed to the Virchow Memorial Fund in Germany. Many small, rather than a few large, subscriptions are desirable; all that we have to do is to add our wreath to the others. He loved this country, and envied us our comparative freedom from militarism and from governmental interference. A correspondent remembers Virchow's surprise, one Sunday morning, at the Salvation Army marching along Oxford Street; it would never, he said, be allowed in Berlin; surely, it must have some political significance. Other memories are of him sitting side by side with Mr. Gladstone, eagerly discussing Schliemann's excavations at Troy, and of him at tea in a house-surgeon's room at St. Bartholomew's Hospital; gentle, courteous, and unassuming; always in this country a welcome and admiring guest. What we give to the memorial of him in his own city, we give in memory of a friend.

It is impossible to measure the still active influences of

his teaching, or to condense half-a-century of pathology into a column of print. The history of pathology is the history of the microscope; and, in the incessant advancement of bacteriology, we tend to forget what an infinite labour was accomplished by the great pathologists of 1840 to 1870, into whose labours we have entered. Always, in all their work, there is the note of expectancy and prophecy; and this in science (and not in science only) is genius. The prophets, now and again, discover something very practical, but that is by the way; they are looking forward to a fuller interpretation and more intimate reconciliation of their innumerable facts patiently observed and faithfully recorded. If genius be indeed "an infinite capacity for taking trouble," surely we honour genius when we look back over Virchow's life, and give thanks not for this or that useful discovery, or for this or that monograph in pathology, but, above all these, for the man who upheld incessantly the very highest standard of scientific thought and method, and cared only to see his work, in his old age, restated in new terms, and all his prophecies coming true.

Therefore, in the international unity of science, we are bound to show our gratitude for the good things of which he was steward, and to show it in whatever way will be most acceptable to his countrymen, not earmarking our gift, but sinking it in the general fund. There is, perhaps, room for some faint doubt whether statuary in Berlin is at a much higher level than statuary in London. It may be that the difficulty will be solved by some such happy device as that of the Fawcett statue in London or the Pasteur statue at Dôle. They do not vex us by the emphatic over-statement in everlasting bronze of the ugliness of a man's clothes; our eyes and thoughts are rather turned to the winged Victory that holds the laurels above Fawcett's head, or to the little figure of the shepherd boy who was Pasteur's first patient in 1885.

For another instance, we have the many presentments in art of Faith, Hope, and Charity. Faith and Hope are lonely and unpleasing figures; the one clinging to a lumbering anchor that could only pull her down and drown her, the other blindfold, or looking at nothing in particular: but Charity, with the children crowding round her, is always a pleasant vision. Anyhow, let us help to obtain the very best of living artists, so that all men henceforth may be able to see what Virchow was like. To build a hospital, or found and endow a chair or a scholarship, is all very well, and in accordance with the dictates of altruism: but the first thing is, that the visible likeness of the man himself should be there, in the place where he lived and did his work.

EXPERT EVIDENCE.

THE remarks made by Mr. Justice Lawrance in his charge to the jury and in giving judgement in the recent case of *Waters and Wife v. the Brighton Gas Company*, a short note of which is published at p. 1747 deserve the attention of the profession. Mr. Justice Lawrance refused to grant costs on the higher scale for the medical witnesses in the case, remarking, "I will give nothing to the medical witnesses." The effect of this will be that the plaintiffs, who won their case, will not be able to recover from the defendants as part of the costs of the action the fees paid to the medical witnesses called by their counsel. The

judge does not appear to have assigned any reason for taking this unusual, if not unprecedented, course, but from the tenour of the remarks which he made during the course of his summing-up we shall probably not be wrong in assuming that he wished to mark his disapproval of the fact that there was a conflict of expert evidence. The allegation of the plaintiff, Mr. Waters, was that damage had been caused to his health through poisoning by gas brought about through the negligence of the servants of the defendant company. The medical witnesses agreed that Mr. Waters at the time of the trial was suffering from disease of the lungs, that the lesion was permanent or at any rate would not soon be recovered from, and that Mr. Waters should not spend this winter in England. The difference of opinion was on the point whether the pulmonary lesion, recognized by all the medical witnesses to exist, was due to gas poisoning traceable to a leakage into the bedroom in which Mr. and Mrs. Waters slept. The jury found for the plaintiffs and gave substantial damages (£500) to Mr. Waters, and a small sum to Mrs. Waters, who, it was admitted, had not suffered so severely as her husband. Apparently the intention of Mr. Justice Lawrance was to express a general dissatisfaction with expert evidence of all kinds, but he took, as it seems to us, an unfortunate course in making an implied censure on the medical witnesses in this case, a censure which we apprehend was altogether undeserved. That there is much which is unsatisfactory in the way the courts now obtain expert evidence probably every one will be ready to admit. But this defect is, we submit, due to the way in which justice is administered. For this the responsibility must in the main rest upon the judges themselves, for there can be no doubt that if the Bench were to consider the matter and take collective action, improvement would not be far distant. A conflict of opinion between expert witnesses is by no means confined to the medical profession—engineers, chemists, even lawyers themselves, may differ radically in the conclusions which they draw from observed facts, and even in the observation of facts. Even the Bench is not immune, and the judges in the High Court must be content to see their best-considered judgements set aside on appeal. We should like to see Mr. Justice Lawrance and his brethren endeavour to find some remedy, but we confess we do not fully understand the significance of Mr. Justice Lawrance's suggestion that scientific evidence should not be given on oath. If he intended to suggest that a scientific expert called to express an opinion upon the facts otherwise proved should be selected by the Court, and should be in the position of an assessor, or *amicus curiae*, the suggestion, which has frequently been made in our columns and elsewhere, appears to be well deserving of consideration. If so we can only repeat that he took an extremely unfortunate way of bringing the matter to public attention. As, however, it has been brought to public attention, we think that the judge's remarks and action ought to receive the serious consideration of the medical corporations and of other representative bodies of the profession.

SIR WILLIAM WHITLA.

A MOST successful smoking concert was given by the united students of the Queen's College, Belfast, on Saturday night, November 22nd, in the Union Buildings of the College, in honour of Sir William Whitla, the Professor of Materia Medica. Professor Symington occupied the chair, and over two hundred were present, including, besides students, a large number of professors and medical men. The proceedings had been arranged by a joint committee of students of all the faculties, to which Messrs. Caldwell and Gillespie acted as secretaries. There was a varied programme of music and entertainment, including the Northern Quartette, the fairy bells, violin playing, singing, recitation, imitations, etc. The performers included amongst

the staff of the College, Professor Dixon, Messrs. Leighton, Crymble, Blake, D. R. Taylor, and many outsiders, who very kindly gave their aid. Professor Symington proposed the toast of their guest in an apt and eloquent speech, which was received with enthusiasm. Sir William Whitla replied, thanking all for their great kindness. He said the honour which had been bestowed on him was really on the school. Dr. Irvine proposed and Mr. Hawthorne seconded a hearty vote of thanks to Professor Symington for his conduct in the chair, and to all the performers who had contributed so much to the evening's amusement. On Wednesday the Lord Lieutenant and Countess Dudley visited the new Medical Institute, and were conducted over the building by Sir William Whitla. Sir William Whitla, amidst much applause, said that it afforded him intense pleasure to hand over the building to the Ulster Medical Society free of all charges. Lord Dudley then declared the building open, and said that he could not conceive of any gift more likely to be of permanent value to the medical profession. Subsequently Lady Dudley unveiled the memorial window to the late Dr. William Smyth, the circumstances of whose death, as a consequence of his devotion to patients suffering from typhus fever at Aranmore Island, co. Donegal, must be in the memory of all. We hope to publish a report of these ceremonies in our next issue.

THE NOBEL PRIZES.

A CORRESPONDENT writes: On December 10th the awards of the Nobel Committee will be announced and all rumours at present in circulation must be accepted with reserve. December 10th is the anniversary of the death of Alfred Bernhard Nobel, engineer, of dynamite fame, who by a will dated November 27th, 1895, left a fortune of about thirty millions Swedish kroner to provide annual prizes for the best accomplished work in physics, chemistry, physiology and medicine, literature, and the advancement of national brotherhood and peace. Each of these prizes is of the value of about £10,000, and is international. The recipients of the prizes in physics and chemistry are selected by the Swedish Academy of Sciences, the one for physiology and medicine by the Royal Carolinska Institute in Stockholm, the one for literature by the Stockholm Academy, and the one for peace by five nominees of the Norwegian Storting. Each of these bodies elects a special Committee to make a preliminary report upon the claims of the respective works. Upon this report the Council of the Carolinska Institute (for medicine) sits in October, and the award is then made. The will directs that these decisions are beyond appeal, and that each "laureate" is to deliver a public oration in Stockholm upon his work within six months after the award. The oration upon peace is to be given at Christiania. Nature was in a happy mood on December 10th, 1901. It was Tuesday, and the day dawned bright and clear. The air was crisp and exhilarating, snow everywhere, sleigh bells ringing, fur caps, and the clang of skates. There was an atmosphere of suppressed excitement. For weeks the busy newsmongers had "tipped" the winners' names at street corners and café tables. For days the newspapers had circulated rumours, and belated echoes of these rumours appeared in the world's press for months afterwards. Hour after hour the ubiquitous reporters scanned the hotel lists and the passengers arriving by the Continental trains. Special editions announced their conjectures; but the Nobel Committee kept silent, their lips sealed by the wishes of the testator. The night came at last. It seemed as if Stockholm had gathered itself into one place. The principal streets were deserted; around the Musical Academy Hall was one vast crowd. Cheer after cheer broke the stillness of the winter eve as sleigh after sleigh discharged its human freight at the doors. What a galaxy of scientific workers

was at last assembled inside! The royal box was full; and then came Van Hoff to receive the medal of gold bearing the effigy of Alfred Nobel and the voucher for the prize in chemistry. Next came Roentgen for "physics," Behring for physiology and medicine, and Sully Prudhomme for literature. On Wednesday there was a banquet, and on Thursday Behring delivered an oration on his "Antitoxin" in the "Vetenskaps Akademien." Germany, France and Holland had led the scientific world. Where were Italy, Russia, and England? The latter, as usual, insular and isolated. And America was not represented! Now all this is to be changed; certainly the prizes for 1902 have been already adjudicated, but for 1903, the Committee has invited selections from each country. Men of international fame have been appointed to suggest, before February next, the names of those who deserve the laureate's crown, in this case, a matter of some 150,000 Swedish crowns, or kroner. In medicine, the Medical Committee of the Carolinska Institute has issued similar invitations to all the leading professors of our universities. The prizes are so large, that their attainment seems somewhat of a lottery. They must of necessity almost be obtained by men at the close of their careers; in many cases when they least need them. But it is reported that Alfred Nobel, although otherwise advised, would confer the laurels only upon those who had won, and not upon those who were starting in the race. It is a somewhat natural provision after all, but still many might attain the position of experience and judgement if funds were more accessible in the early days of their career. Is it too much to hope that if one of the prizes should come to England, and the recipient values the honour more than the emoluments, the latter may ultimately reach those channels through which English researches may be stimulated, fostered, and assisted?

CHASTISEMENT AS A THERAPEUTIC MEASURE.

THE case in which Mrs. Penruddocke, a mother belonging to the wealthier classes, was convicted of cruelty to her own child has excited widespread interest and attention. Whether the jury were right in their verdict and whether the penalty inflicted by the judge was adequate for the offence it is not within our province to discuss. One point, however, was brought out in the case which belongs to the domain of medicine. The nature of the "infirmity" the child suffered from does not appear to have been specified, but we are probably correct in assuming it to have been incontinence of urine. The mother's defence mainly consisted in the statement that any punishment she inflicted was done in the way of kindness to the child to cure it of a "bad habit," and she further urged that similar treatment had been successful in the case of an elder child. A belief in the efficacy of corporal punishment or threats will, we fear, be found to be only too prevalent amongst mothers and nurses in dealing with such cases. Now this "bad habit" presents itself under many and varied conditions. It may be the first prominent symptom calling attention to such serious diseases as diabetes or stone in the bladder. Again, especially in girls, it may be an incurable disorder due to ill-development of the urinary bladder or its sphincter. Needless to say, under such conditions punishment is here only an added cruelty to the distress suffered by the child. Fortunately most cases are not due to causes so serious, and generally yield to treatment or recover in the course of time. But even in curable cases amelioration may be long in coming, and many will recall Trousseau's account of the young lady of great beauty and wealth who bestowed her hand and fortune on the doctor who cured her of an incontinence of urine dating from childhood. This romance, as far as we know, has not as yet been utilized by any of the modern realistic novelists. Infinitely seldom, if indeed ever, can incontinence of urine be rightly classed as a "habit" due

to laziness or indifference on the part of the child. The more the truth of matters is explained to nurses and mothers, and the more the fact is impressed upon them that punishment is not only useless, but is likely to aggravate the trouble, the less will children who are, perhaps, already mentally distressed by a complaint over which they have no real control, be saved unnecessary suffering.

THE VOLCANIC ERUPTIONS IN THE WEST INDIES.

AT the meeting of the Royal Society of London on November 20th Dr. Tempest Anderson and Dr. J. S. Flett made statements describing the general results of their expedition to study the volcanic eruptions in the West Indies. Dr. Tempest Anderson illustrated his remarks by a series of excellent photographs, some of which showed the actual progress of minor eruptions and explosions. One point brought out was that though the loss of life was much greater in Martinique, the area damaged is much larger in St. Vincent; the great loss of life in Martinique was due to the fact that the town of St. Pierre, one of the most beautifully situated and most popular places of residence in the islands, stood exactly in the centre of the line of fire, so to say, of the first great eruption from Mount Pelée. In St. Vincent the loss of life would have been even smaller than it was had the people on the eastern and most highly-cultivated side of the island realized their danger in time; the clouds brought up by the trade wind, however, concealed the summit of the Soufrière, and the magnitude of the eruption was not understood until torrents of boiling water and mud ejected from the crater lake had rushed down the ravines and cut off the retreat of the people. The photographs showed the enormous quantity of fine dust which had been spread over the area destroyed. On the eastern side of St. Vincent the dust accumulated in the valleys to a depth of 200 ft., and on the western side to a depth of 70 ft. This dust was very hot; the exact temperature of the dust when it was ejected could not of course be stated, but it was something below the melting point of copper, though it was sufficiently high to destroy all vegetation, including large trees, with which it came in contact. At the time of the visit of the expedition, several weeks after the first eruption, the dust was still so hot that frequent explosions of steam occurred when the water in the rivers succeeded in percolating into the deeper layers. At St. Vincent the expedition was able to watch the Soufrière from a house placed at their disposal just outside the dangerous area, but at Martinique no such point of vantage was available, and a small sloop was hired to cruise up and down within sight of the volcano during the day, anchoring on the verge of the dangerous area at night. The expedition was in this sloop when the second eruption took place, and Dr. Anderson, by his description of what was seen and by several photographs, was able to give a vivid picture of the phenomenon, which for some time appeared to threaten the sloop with destruction. A dark cloud had formed over the volcano during the afternoon, and in the evening this cloud was suddenly illuminated, and presently a glowing cataract poured down the slopes towards the sea. Dr. Flett believed, and in this Dr. Anderson agreed with him, that this cataract of fire was of the nature of an avalanche, the solid part being not snow, but incandescent dust; this avalanche of dust as it descended produced a great blast of air, which carried the smoke and lighter dust out to sea, while the more solid parts swept down to the beach. The destruction of St. Pierre was probably brought about in the same way, not by a lava flow in the ordinary sense nor by blazing gases, nor by poisonous vapours, but by an avalanche of incandescent dust. Several remarkable instances of persons who took refuge in cellars, and escaped, appear to lend strong support to the view that death was not due to irrespirable gases.

THE POOR-LAW MEDICAL OFFICER AND VACCINATION.

IN view of the near approach of the last year of operation of the Vaccination Act, 1898, there has been a very widespread tendency to look to the Local Government Board as the body which should have the absolute administration of the Vaccination Acts. The experience of the public vaccinators of the Prescott Union will come as a severe blow to the expectations which have been raised by such a proposal. It appears from newspaper cuttings and correspondence in our hands that a deputation of the Prescott Guardians waited upon the Permanent Secretary of the Local Government Board with the request that there should be "an immediate reduction of the amount of the minimum fees prescribed by the Vaccination Order of October 18th, 1898," and "that the Union should be divided into nine vaccination districts instead of seven as at present." The newspaper report states that the deputation came back "with a distinct promise that...vaccination fees would certainly be reduced," and "with full authority for the reconstruction of these districts, so that in future in appointing a medical officer they (the guardians) could tell him he had the vaccinating in his own district." This last passage is the one to which we would draw special attention. A good deal has been said and written in the past as to the inadequate remuneration paid to the medical officers of the Poor-law service, and the immorality of baiting inadequately paid Poor-law appointments with the promise of vaccination fees, so as to tempt men to accept them. The guardians of the Prescott Union, we suppose, must have had some difficulty in getting medical men to take their district appointments without vaccination, or else the reason of their application would not have been so baldly stated as in the words quoted from the report of the deputation. To tempt men to accept the district appointment they bribe with the vaccination fees, and in order to be able to do this they propose arbitrarily to divide two districts, and deprive the existing public vaccinators of half their emoluments, a sort of robbery of Peter to enable them to underpay Paul with impunity. This is bad enough for the public vaccinators in question, against whom no fault appears to be found except that they have succeeded in increasing the amount of vaccination in the Union, a heinous offence in the eyes of many guardians, and one which demands condign punishment; against this attitude the public vaccinator has neither the protection of the law nor—as it appears in this case—of the Local Government Board. But it reveals a state of affairs which we fear exists in many other Unions, where the Poor-law officer is robbed of his due remuneration, and to hide the poverty of the provision made for him and the poverty of the pension awaiting him at the end of his long period of arduous service, a vaccination dole is handed over to him, which may be taken away at a month's notice if he happens to displease the guardians, and which does not go to increase his pension. In the present instance, as in all cases of application for division of vaccination districts during the continuance of the experimental Act, the conditions of the experiment should be maintained, and the Local Government Board should withhold its sanction from any such alteration. We think, also, that it is extremely unfortunate that the Local Government Board should have appeared to give its approval to the principle of using the vaccination fees to keep down the remuneration of district medical officers.

SALARIES AND SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

OUR attention has been drawn to the report of a recent meeting of a provincial Board of Guardians at which one of the duties of the day was the appointment of a new medical officer to the workhouse, the post having recently become vacant. We do not understand that there was more

than one applicant for the vacancy in question, and it would appear that this gentleman was unanimously elected. On being informed by the chairman of this decision of the Board, he was also given to understand that in the event of the guardians deciding to provide expensive medicines for the pauper patients in the future, instead of such being supplied by the medical officer as in the past, he would be expected to come to terms as to his salary. This indefinite and, to us, novel stipulation can, as we think, only mean that the salary hitherto attached to the office would be reduced if the change alluded to should ultimately be made. All our readers who have any knowledge of the Poor-law medical service no doubt fully understand that for a long time past the Local Government Board has urged upon guardians, in the interest of all parties concerned, the advisability of arranging that expensive medicines should be supplied by the guardians and not by the medical officers. The plan is a good one, and it may be hoped that in the near future it will be more and more generally adopted. A serious disadvantage, however, is likely to result to medical officers if their salaries are to be reduced in order to enable Boards of Guardians to meet this expense, a plan which, so far as we are aware, has never before been contemplated. It must be remembered that any reduction of salary, on whatever grounds it may be made, must be followed by a reduced rate of superannuation allowance, and must consequently be seriously prejudicial to the interests of the Poor-law medical service. We therefore venture to hope that when this question of reduction of salaries as a set-off to the supply of expensive medicines by guardians comes on for consideration and sanction at Whitehall, no such injustice as this will be allowed to be inflicted on to the medical staff of the Poor-law service.

COMPULSORY NOTIFICATION OF INDUSTRIAL POISONING.

It appears to be desirable to remind medical men that according to the Factory and Workshop Act, 1901, it is incumbent upon them to notify to the Chief Inspector of Factories, Home Office, cases of industrial poisoning observed in their practice. Attention has previously been drawn to this important requirement, but as we are informed that there are still many medical men who are ignorant of the fact that the notification of these forms of poisoning is compulsory, the following extract from the Act is reproduced for their guidance: "Every medical practitioner attending on or called in to visit a patient whom he believes to be suffering from lead, phosphorus, arsenical or mercurial poisoning, or anthrax, contracted in any factory or workshop, shall send to the Chief Inspector of Factories, at the Home Office, London, a notice stating the name and full postal address of the patient, and the disease from which, in the opinion of the medical practitioner, the patient is suffering, and shall be entitled in respect of every notice sent in pursuance of this Section to a fee of 2s. 6d., to be paid as part of the expenses incurred by the Secretary of State in the execution of this Act. If any medical practitioner, when required by this Section to send a notice, fails forthwith to send the same, he shall be liable to a fine not exceeding 40s." Unless notification of the above-mentioned industrial forms of poisoning to the Home Office is loyally carried out by members of the medical profession it is impossible for the Home Office to estimate the amount of lead poisoning, for example, that is in the country. Notification may enable the Inspectors of Factories to stop industrial poisoning at the earliest stage, and thereby to prevent much suffering. It ought to be clearly understood that the malady must be the result of the patient having worked at an industry which comes within the scope of the Act. House painting, which is a notorious cause of lead poisoning, scarcely comes within the operation of the Factory and Workshops Act, but in view of the difficulty which many medical prac-

tioners experience in deciding whether or not the poisoning in these cases is connected with workshop conditions, the practice of the Home Office is, nevertheless, to pay for notifications received of plumbism in house painters. The value of the notification of cases of industrial lead and other forms of poisoning will be apparent to all medical men.

HONOUR TO A SPANISH ARMY MEDICAL OFFICER.

A FEW days ago Dr. Angel de Larra y Cerezo, a medical officer of the Spanish army, and Professor in the Medico-Military Academy, was received as a member of the Spanish Academy of Medicine with much pomp and circumstance. The Minister of War presided at the ceremony, and a large number of distinguished officers and notabilities of various kinds were present. Dr. Larra's inaugural address dealt with the great hygienic problems connected with military institutions. He surveyed military mankind from China to Peru, and by means of ingenious digressions contrived to traverse as in an airship the whole expanse of sociology. It is impossible for us to follow him in his interesting flight; we can only glance at one or two of the important questions which he raised. He pleaded for the creation of a clinic for therapeutic investigations with a laboratory attached in all military hospitals, pointing out that the peculiar conditions of the soldier would make such investigations more useful for science and more trustworthy than similar inquiries conducted in connexion with ordinary hospital practice. He said that Spain greatly needed a popular system of physical training and sports; intelligently supervised, these would be a means of education and physical regenerations for infancy and youth, which could later be continued and completed by service in the army. He urged that the vast data of medical statistics and demography should be collected, and that out of them should be constructed a national hygienic map or true medical geography of the nation. This collection of data would constitute a hygienic work of enormous value, which would be most useful to Spain. He pointed out that anthropometric measurements systematically made on the troops might be utilized so as to form a basis for higher ethnological studies. Speaking of tuberculosis, which was more widespread now than formerly, Dr. Larra said that one of the questions of the day was the establishment of sanatoria for tuberculous soldiers. Referring to drunkenness and syphilis, he said that education and prophylactic hygiene had a fairer field of action against these vices in the army than in any other social sphere. He concluded with a brilliant peroration, in which he said that "the military doctor, a sympathetic combination of two personalities, patriot and altruist, knows how to fall in the face of the enemy. His duty is not, in obedience to the law of revenge, to die killing (*morir matando*), but, in accordance with the scientific ideal, to die tending the wounded (*morir curando*)." It is gratifying to note that the army medical officer is held in such honour in Spain.

THE COCAINE HABIT AMONG NEGROES.

THE cocaine habit appears to be extremely prevalent among negroes in the United States. It is said to have begun among negro labourers in New Orleans, who found that the drug enabled them to perform more easily the extraordinarily severe work of loading and unloading steamboats, at which, perhaps, for seventy hours at a stretch, they have to work without sleep or rest, in rain, in cold, and in heat. The pay is high—150 dollars a month; but the work is found to be impossible without a stimulant. Whisky did not answer, and cocaine appeared to be the thing needed. Under its influence the strength and vigour of the labourer are temporarily increased, and he becomes indifferent to the extremes of heat and cold. The habit spread among negro workers till it reached the

plantation hand. According to the New York *Medical News*, while the work on the cotton plantations is not so hard as levee building or loading steamboats, at the cotton picking season, it calls for extraordinarily long hours. As there is never enough labour to pick all the cotton it is to the interest of the planters that the negroes should work as much extra time as possible. The planters therefore hold out every encouragement to the negro hands to put in a big day's work. The negroes found that the drug enabled them to work longer and to make more money, and so they took to it. Its use has grown steadily. On many of the Yazoo plantations this year the negroes refused to work unless they could be assured that there was some place in the neighbourhood where they could get cocaine, and it is said that some planters kept the drug in stock among the plantation supplies, and issued regular rations of cocaine just as they used to issue rations of whisky. Efforts have been made to prevent the spread of the habit in New Orleans and other cities of the South, and with considerable success. It has been found impossible to save those who have become victims of cocaine and who are fast drifting to the lunatic asylums; but it has been found possible to stop the future sale of cocaine in the drug stores and to keep the younger negroes from contracting the habit. The negroes themselves have been very active in this movement, and the police have shown so much energy that the public sale of the drug has almost ceased in New Orleans. A crusade against the use of the drug has begun in most towns of Louisiana, but as yet no effort has been made to prevent its sale in the country districts.

SCARLET FEVER SERUM.

REFERENCE was made in the BRITISH MEDICAL JOURNAL not long ago to the fact that Dr. Moser, of Vienna, had used a serum prepared from an organism regarded as the cause of scarlet fever in 400 cases with a mortality of between 8 and 9 per cent. We think it right therefore to state that the discovery of the organism is claimed for an American investigator, Dr. Class, who described it in the *New York Medical Record* of September 2nd and October 7th, 1899. In the Bulletin of the Health Department of Chicago for the week ending October 25th, Commissioner Reynolds says with regard to Dr. Class's germ: "The organism of this disease is now identified by the laboratory experts as readily and as certainly as is the diphtheria organism, and it is a cause of chagrin to the department that its limited resources prevented the discoverer of the germ from following up his efforts to prepare a curative serum for the disease similar to that of antitoxin for diphtheria. A photograph in the Commissioners' office shows the discoverer, Dr. W. L. Class, one of the Department Medical Inspectors, demonstrating the scarlet-fever organism before a group of bacteriologists and physicians in the laboratory department, April 10th, 1899. Cultures of the organism were subsequently taken abroad by Dr. Gradwold, of St. Louis, and there can be no doubt that the scarlet-fever serum prepared by Professor Moser, of the St. Ann's Hospital for Children in Vienna, and exhibited last month at the Congress of German Physicians and Naturalists at Carlsbad, is the product of these cultures."

THE SIGNIFICANCE OF HAEMATEMESIS.

AN interesting discussion, a report of which is printed at page 1709, took place at the meeting of the Medical Society of London on November 24th, on the subject of haematemesis. The general conclusion would seem to have been that in a considerable proportion of cases, haematemesis occurring in young and anaemic women was not due to ulcer of the stomach. The discussion carried the question a stage further than that in which it was left when it

formed the subject of one of the discussions in the Section of Medicine at the meeting of the Association in Ipswich. On that occasion Dr. Payne said that haematemesis had been definitely recorded in only 17 of his fatal cases of ulcer of the stomach, but that it had occurred in no fewer than 90 per cent. of the cases diagnosed as gastric ulcer which had not terminated fatally. Dr. Essex Wynter on Monday said that he had found from the records of the Middlesex Hospital that 80 per cent. of the cases of haematemesis occurred in young women with hardly a death among them. Other subsequent speakers at Ipswich alluded to cases in their own experience in which profuse haematemesis had occurred without any pathological evidence of gastric disease or even in some instances without any indication of the source of the haemorrhage. Dr. Bertrand Dawson, who opened the discussion on Monday evening, suggested that capillary haemorrhage might occur without any obvious breach of surface. Dr. Hale White, in the later discussion, referred to the fact that the stomach had been opened surgically not long ago by Mr. Mayo Robson in a case of haematemesis, when no ulcer was found, merely oozing, and to six cases of haematemesis in women occurring in his own experience, in which no visible source of the haematemesis was found at the necropsy. It was held that it was not possible absolutely to negative the presence of gastric ulcer in these cases from the clinical symptoms and signs, but tending to differentiate them were the youthful age and the sex of the patient, the long duration, the absence of wasting, the intervals of good health, the beneficial effect of iron, the freedom from cicatricial contraction and other later signs of genuine ulcer, and the absence of that hyperacidity of the gastric juice which is so frequent in *ulcus ventriculi*. Dr. Newton Pitt suggested at Ipswich that the haemorrhage was possibly due to the excretion by the stomach of certain toxic substances the hypothetical cause of chloro-anaemia, and on Monday Dr. Rolleston pointed out that haematemesis might occur from a toxic cause, as in pneumonia. As is well known, some poisonous substances, of which opium is an example, are ordinarily excreted from the blood by the gastric mucous membrane, and it is conceivable that in this process a congestion might be produced so intense as to require only a very slight additional injury to permit of a profuse haemorrhage, or at least of a slow oozing of blood. Dr. Bertrand Dawson and Dr. Burney Yeo frankly maintained that in certain cases haematemesis was associated with the catamenial period, and Dr. Pye-Smith at Ipswich compared the haematemesis of young women with the epistaxis of boys at puberty. All this seems like a revival of the old idea of vicarious menstruation with a difference, but it should not be forgotten that the cyclical changes in the female, manifested in part by a wave of vascular plethora, have their counterpart in the male subject. In regard to treatment, however, the system of management in the earlier stages at least is identical; no harm can be done by treating the less serious condition like the graver while irremediable injury might follow a converse plan. A discussion on haematemesis from its surgical aspects will be opened at the next meeting of the Medical Society by Mr. Mayo Robson.

CARDIFF INFIRMARY.

THIS institution, though in the centre of a populous district, has been hampered for years by financial difficulties, the expenditure always exceeding the income, and this in spite of the fact that only 144 out of the 180 beds in the institution are in use, the additional beds standing idle from lack of funds. At the present time two distinct and separate efforts are being made to improve the financial conditions. On the one hand special efforts are being made to obtain sufficient money (about £500) to open one

of the empty wards for one year as a surgical ward, while on the other, endeavours are being directed to improve the general annual income. Both efforts are progressing fairly well. At a meeting of the Board of Management of the Infirmary on November 12th, it was resolved to appoint a committee of nine members of the management committee to report upon the advisability of dividing the area served by the Infirmary into districts, each with a small committee to undertake the work of procuring and collecting subscriptions. The *Evening Express* newspaper has issued books to Cardiff householders to facilitate the collection of pennies to aid the Infirmary funds. The income of the Infirmary last year was about £8,000, of which about £5,000 was from subscriptions. The Infirmary always has a large number of cases waiting to be admitted, for, besides taking in cases from Cardiff, a large number are sent from the populous mining and other districts around. Thus last year about 250 cases were received from Pontypridd and the Rhondda and over 130 from Monmouthshire. These districts contribute subscriptions to the institution, but some of them by no means in proportion to their cases admitted.

THE VACANT CORONERSHIP IN LONDON.

THROUGH the death of the late Mr. Arundel Carttair the office of Coroner for the South-Eastern District of London is now vacant. Earlier in the year, by the death of Mr. A. Braxton Hicks, a similar vacancy was created in South-West London, and the London County Council, in pursuance of their policy of equalizing as far as possible the London coroners' districts both as regards salary and the average number of inquests, did not invite applications for the office, but appointed Mr. John Troutbeck, a solicitor, who was already coroner for the adjoining Liberty of Westminster, on the condition that he relinquished his professional practice, and devoted his whole time to the duties of the office. On the present occasion the London County Council have advertised the vacancy in South-East London. It is stated that the inclusive salary will be about £900 a year, and that it is desirable that candidates should be between 35 and 50 years of age. It appears to be the intention of the Council to choose in accordance with the Coroners' Act, 1887, for they quote that the candidate must be "a fit person, having land in fee sufficient in the same county whereof he may answer to all manner of people," and this naturally gives a very wide field to select from. During the last fifty years the question has often been debated whether a member of the medical or legal profession is best fitted to fill the position; but whilst neither qualification is legally necessary, it has been the practice to appoint either the one or the other. In two of the more recent appointments the successful candidate was both a medical man and a barrister, and no doubt such dual qualifications must carry great weight with those who have the election in their hands. This ancient office is unique in many ways, for while the coroner who possesses qualifications either in medicine or law or in both cannot fail to benefit by such knowledge, there are other attributes such as good judgement, sound discretion, common sense, and tact, which are pre-eminently necessary to a proper discharge of the duties, and to meet the every-day emergencies which the position entails, and which no professional qualifications in themselves can give, but which may be acquired by a long experience in the work. No doubt there will be many applicants for the vacant post, and we note that the following candidates are already in the field: Dr. Major Greenwood, a medical man and a barrister, who was last year one of the recommended candidates for the Coronership of the City of London; Dr. H. Wellington, the Deputy Coroner for South-West London; Dr. H. R. Oswald, a medical man and a barrister; Dr. F. S. Toogood, a medical man and

member of the Middle Temple; and Mr. Walter Schröder, who has been Deputy Coroner for Central London and Central Middlesex for many years.

STATISTICS OF INOCULATION FOR PLAGUE.

MAJOR W. B. BANNERMAN, M.D., B.Sc., I.M.S., superintendent of the plague research laboratory, Bombay, has collected the statistics of antiplague inoculation according to Haffkine's method during the years 1897-1900. These are set forth in some detail in an official report of 36 folio pages. The facts are related according to localities and communities and the circumstances of each experience are concisely detailed. The merits and results of the proceedings can thus be better estimated than by presenting bald aggregates of dissimilar data. The conclusions which Major Bannerman draws from the material thus displayed are: (a) that inoculation is harmless; (b) that when made in the incubation stage (that is, before signs of plague are apparent) it has—in many cases at least—the power of aborting the disease; (c) that inoculation confers a high degree of immunity from plague and has reduced very greatly the number of attacks; (d) that when in spite of inoculation a person is attacked his chances of recovery are very greatly increased.

A GRAND OLD MAN OF MEDICINE.

ON November 23rd the "grand old man" of Australia, Sir Charles Nicholson, Bart., who is a member of our profession, entered on his ninety-fifth year. He was born on November 23rd, 1808, took his M.D. degree at Edinburgh in 1833, and in the following year emigrated to Australia. He started in practice in Sydney, where for nearly thirty years he was a leading citizen and a prominent Parliamentarian. He was elected a member of the first Legislative Council of New South Wales in 1844, and was three times Speaker of that body between 1845 and 1856. He was the first Chancellor of the University of Sydney, and held office from 1854 to 1860. To the Sydney Museum he presented a valuable collection of Egyptian antiquities, the catalogue of which covers 150 pages. He was created a Baronet in 1859. Having gained a considerable fortune from wool-growing in New South Wales and Queensland, Sir Charles returned to the old country in the Sixties, and has ever since been a conspicuous figure in London Colonial circles. We should heartily pray that he may complete his century of life did we not remember the reply recently made by the Pope to an intimation made that a similar prayer had been uttered on his behalf, "Why place a limit to the operation of Providence?" So we will express our wish for the prolongation of Sir Charles Nicholson's existence in the consecrated formula, *In plurimos annos!*

THE INDIAN MEDICAL SERVICE.

A STATEMENT showing the arrangements for the examination for entrance to the Indian Medical Service, which is to be held in London next January, is published at p. 1747. It will be seen that the regulations differ from those previously in force, and from the first draft issued last August and reproduced in the Educational Number of the BRITISH MEDICAL JOURNAL. Although the scheme presents some good points, we cannot help feeling that it is still capable of improvement. A good point in the scheme is that four-eighths of the total number of marks are allotted for proficiency in medicine and surgery, including diseases of the eye; the other four-eighths are divided in equal proportions among the other four subjects, one-eighth each, and the candidate will be required to obtain at least one-third of the total number of marks in each subject, and a total of half of the aggregate marks for all subjects. The examination appears to us to compare unfavourably with that instituted for admission into the

Royal Army Medical Corps, in which the subjects are medicine and surgery, while the examination is to a much larger extent clinical and practical. It seems, also, that the mode of conducting the examination might be materially improved. As it is, the candidates will be writing papers on January 13th from 9 o'clock in the morning till 7 o'clock in the evening, with two intervals of half an hour and one of an hour; next day they will be writing papers from 9 a.m. to 1.30 p.m., with an interval of half an hour, and then after another interval of an hour will be examined in clinical medicine and clinical surgery. This method of condensing the examination will cause considerable physical strain upon candidates, especially on the first day, and we can conceive that the intellectual power of a candidate who has been writing about medicine and therapeutics, surgery and diseases of the eye, and pathology and bacteriology from 9 a.m. to 4.30 p.m., might, when called upon to write a paper on surgical anatomy and physiology at 5 p.m., be somewhat below his best level. No particulars are given with regard to the nature of the examination in clinical medicine and clinical surgery, but apparently it is not contemplated that such examination should take place in the wards of a hospital. It is well known that the popularity of the Indian Medical Service is not what it was, and we must confess that so far as the regulations for the examination can tend to diminish it, it appears that the India Office has gone to work as though it intended to deter possible candidates from trying their luck.

THE POISON OF SALT FISH.

IN 1886 the Fisheries Commission of the Caspian Sea, moved by the fact that the consumption of raw salted fish causes annually a certain number of cases of poisoning, founded a prize of 5,000 roubles (£520) for the best essay on toxic substances in fish. The prize was placed in the hands of the Imperial Academy of Sciences in St. Petersburg, and the first competition was fixed for January 1st, 1894, but no award was made. Since then the money has accumulated, and the Academy has recently issued the conditions of a fresh competition for the following prizes to be awarded on January 1st, 1904: A first prize of 5,000 roubles (£520) to the author of a complete work dealing with the whole question in its physiological, pathological, chemical, and bacteriological relations; the author must present a sample of the poisonous substance and the drawings and preparations upon which his essay is based. A second prize of 1,500 roubles (£160) and a third of 1,000 roubles (£106) will be given to those competitors who have studied most completely one branch of the question, its chemistry, physiology, or bacteriology. The following questions are formulated: (1) To determine by precise investigations the nature of the poisonous substance; (2) to study its action on the different organs of the body (central nervous system, heart, circulation, and digestive apparatus); (3) to give an accurate description of the pathological changes determined by the poison in the various organs of men and animals; (4) to furnish a description of the distinguishing signs between normal and poisonous fish; (5) to describe means to prevent the formation of the poisonous substance in the fish; (6) to indicate the antidotes, and generally the proper treatment of such cases of poisoning. All essays, which may be written or printed, and must be in Latin, French, German, Russian, or English, must be sent to the Ministry of Agriculture and Public Lands at St. Petersburg not later than October 1st, 1903.

"THE NEW RIVIERA."

A CIRCULAR with the above heading has been sent out, calling attention to Jamaica as a desirable resort for invalids and pleasure-seekers. Whether the title "The New Riviera" is an entirely appropriate one for Jamaica may be

open to question, but there can be no doubt as to the attractions offered by that island to tourists, both those in search of health and those who seek merely a pleasant winter residence. Added to tropical scenery of a beauty that cannot be surpassed, there is a great variety of healthy mountain air. In the last two months of the year, and in the early spring, it is difficult to imagine a more attractive resort than that sunny island in the Caribbean Sea, "The Pearl of the Antilles," as Jamaica has been frequently called. For some time past it has been a favourite winter residence for Americans, and during the last two years it has attracted an increasing number of visitors from this side of the Atlantic. The drawback to Jamaica as a pleasure resort, due to the fact that it could be reached only in a round-about way, has been removed by the establishment of the new direct line of Messrs. Elder, Dempster and Co. By it the island can be reached in from twelve to thirteen days, a shorter time than that taken up by the long sea route to Egypt. A well-appointed vessel now runs direct to Jamaica every fortnight. To many, indeed, the voyage may prove an extra inducement to make the trip, for, given only average weather, no pleasanter or healthier mode of passing the time can be imagined than that occupied in steaming through the warm Southern Atlantic seas. Accommodation for visitors in Jamaica has been largely increased, and is increasing every year. The same energetic shipping firm, in addition to taking over the management of the Myrtle Bank Hotel at Kingston, have lately opened the Constant Spring Hotel, which provides a hundred and eighty bedrooms, and is pleasantly situated on rising ground four or five miles out of Kingston. We are informed that those intending to make a longer stay would have no difficulty in renting furnished houses at a moderate rate in many of the healthy mountain districts.

A COMMITTEE has been formed in Madrid, including among others the Marquis de Mochales and Dr. Pulido, Director-General of the Public Health Service, for the erection of a memorial of the late Dr. Federico Rubio, the distinguished Spanish surgeon, of whom a brief obituary notice appeared not long ago in the *BRITISH MEDICAL JOURNAL*. Among the subscribers to the fund that is being raised for the purpose are Their Royal Highnesses the Princes of Asturias and the Infanta Dona Isabel. The Senate has voted a sum of 5,000 pesetas, and it is expected that the Municipality, the Bank of Spain, and other public bodies will also contribute.

MEDICAL NOTES IN PARLIAMENT.

[FROM OUR LOBBY CORRESPONDENT.]

Poor-law Officers' Superannuation.—Last week Mr. Freeman Thomas asked the President of the Local Government Board if his attention had been directed to resolutions recently passed by various Poor-law unions and conferences in favour of a central superannuation fund, and if in any amendment of the Superannuation Act it would be made compulsory for Poor-law officers to retire at 65; and whether, seeing that there were clerks connected with some unions who were nearly 80 years of age, the Local Government Board would suggest to the local Board of Guardians the need for paying greater attention to the retiring sections of the Act. Mr. Long replied that his attention had been called to resolutions passed on the subject of a central superannuation fund. As to the second point, he was not aware that there was any proposal to amend the Poor-law Officers Superannuation Act in the direction referred to. It was competent to a Board of Guardians to require any officer who had attained the age of 65 to retire if they considered that this would be expedient in the interests of the public service. It

did not at present seem necessary to communicate generally with Boards of Guardians on the subject; but if representations were made that any particular officer by reason of old age was unfit for the discharge of his duties he would give the matter attention.

H.M.S. "Good Hope."—Mr. Ormsby Gore on Monday last asked the Secretary to the Admiralty if his attention had been called to the space between decks of H.M.S. *Good Hope*, and if he would state what space was deemed necessary by the Admiralty to ensure the health of the midshipmen and crew on board cruisers of that class. Mr. Arnold Forster, in reply, said that no special attention had been drawn to the space between decks of the *Good Hope*. The space available in that vessel for the midshipmen and crew was sufficient not only for the proper complement of the vessel, but for some supernumeraries in addition if considered necessary to carry them. The case of each ship was dealt with on its merits, and it was impracticable to frame a rule universally applicable. Sir William Allan interjected an inquiry as to whether the heat between decks was not unbearable to the crew; but Mr. Arnold Forster said he had no information to that effect.

Civil Surgeons and the Gratuity.—Captain Norton had a question on Monday's paper asking the Secretary of State for War if he could say when the gratuity to civil surgeons doing duty with troops in the United Kingdom under Army Order 186 of September, 1900, would be paid. Captain Norton did not put the question, as he had received a communication from Mr. Brodrick regretting that he was unable to help the civil surgeons in the matter, as they were engaged under certain conditions which had been fulfilled, and the question of gratuity did not enter into their case, as they were not appointed—that is, commissioned—to military positions.

The Association of Port Sanitary Authorities.—Sir Seymour King this week asked the President of the Local Government Board whether his attention had been directed to a letter addressed to the Local Government Board by the Association of Port Sanitary Authorities on November 19th, 1901, requesting them to issue an order applying the provisions of The Public Health and Local Government Conferences Act, 1885, to the various Port Sanitary Authorities, so as to give them power to apply their funds in paying expenses incidental to attending meetings of the Association of Port Sanitary Authorities; and would he say why no answer had been as yet given to this communication, and what course the Local Government Board proposed to adopt in regard to the matter. Mr. Long said in reply that he did not find that he had received the letter referred to, but representations had been made to him as to the issue of an order applying the Act mentioned to Port Sanitary Authorities. Legislation would, however, be necessary to enable him to issue an order for this purpose, and the point had been noted for consideration when an opportunity for legislation arose.

Typhus in the Island of Lewis.—Mr. Weir asked the Lord Advocate on Tuesday whether, in view of the prevalence of typhus and other fevers in the island of Lewis, and the sanitary conditions of many of the townships, he would say if arrangements could be made for the Medical Officer of the Local Government Board for Scotland to visit the island at an early date. Mr. Graham Murray, in reply, said the facts were that six cases of typhus had been reported, four of which were now convalescent. There did not therefore seem any necessity for a special inspection such as that suggested.

The Ventilation of Factories or Workshops.—Sir Walter Foster on Wednesday asked the Home Secretary if he had considered the report of the Departmental Committee appointed to inquire into the ventilation of factories and workshops, and what steps he proposed to take to carry out the recommendations of the Committee. Mr. Akers-Douglas replied that the report was receiving very careful consideration; and as a preliminary to deciding what action should be taken on it, he was having further trials made of the proposed new method of testing the atmosphere in factories.