problem in neurology and sanitation to-day. At the time of his early acquaintance with Beard, Garfield, the President of the United States, was assassinated by Guitau. Dr. Dana, in conjunction with Dr. Beard, examined Guitau, assisted at his necropsy, received part of the brain, and made a formal report. These were the days when Lombroso flourished in Italy, and when Moritz Benedikt, in Vienna, had just written upon the cerebral fissures. The fourth man in the New York group was Dr. Edward C. Seguin, by far the best trained of the American neurologists of that day. His influence in developing precise methods of examination, his interest and skill in therapeutics, and his devotion to his patients, made a great impression and greatly helped to improve neurology. He was a believer in drugs, as were Beard and Hannsen, and was inclined to give large doses. It was the period when potassium iodide was given to the extent of 300 or 400 grains daily. Tincture of aconite was used by Seguin in doses of half a drachm or more, and hyoscine up to one-sixth of a grain. Bromides were also given massively, and periodic bromidization was employed in epilepsy. Dr. Dana thought the practice admirable in trained hands. The American Neurological Association was organized, and a Journal of Nervous and Mental Disease was founded at the end of the nineteenth century, the prime mover being Dr. Jewett of Chicago. Thirty years ago in New York there were only three nerve clinics and no special hospital. Now there were many well attended clinics, a neurological hospital, and several important neurological departments in the general hospitals. Preventive neurology was a phase of work that was of high importance, though it had been greatly neglected. There were many chronic nervous diseases, such as paralysis agitans and disseminated sclerosis, with an enormous literature. The question of prevention among Americans was a nervous race, using the term in the sense that nervousness meant an exaggeration of physical and mental activity. Nevertheless, the nervous disposition was the highest form of constitutional make-up; on the whole, it was well to have some degree of nervousness as an impelling force in a nation and community. He was opposed to the prevention of neuroses by the development of lymphatic and melancholic temperaments.

THE COMPILATION OF VITAL STATISTICS IN PORTUGAL.

The first census of Portugal on a modern plan, comprising locality, age, sex, civil condition, occupation, and other points, was carried out in 1864, and the second in 1878. In 1887 it was affirmed by law that there should be a decennial census, the years selected being those whose terminal digit was a zero. This enactment has been thrice in operation—in 1900, 1911 (replacing 1910, which witnessed the revolution), and 1920. At the census of 1920, for which December 1st was the appointed day, the household schedules, as narrated in a recent account by the League of Nations of the official procedure, were distributed and recovered by census agents, who passed them on, after scrutiny, to the local census committees, and the local committees in turn transmitted them, after inspection, to the Director-General of Statistics in Lisbon. The data so gathered formed the raw material for the report of the census for 1920, which has been published in four volumes. The Director-General, in his preface to the report, states that locally appointed agents struck for higher remuneration on the eve of the appointed day, that in some cases they did not take the census on the date fixed, and that they omitted to recover a proportion of the schedules they had distributed. He indicates that the organization by the local census committees was inefficient, and may be presumed to have viewed the figures supplied to him with some tincture of misgiving. He reports that the population of Continental Portugal, excluding the Azores and Madeira, was 5,621,997 in 1920, and its area 34,259 square miles. Registration, the compliment to the census for statistical purposes, formerly in Portugal entrusted to the clergy, has since 1900 been in the hands of civil authorities. In 1911 it was made compulsory, and failure to register is now a penal offence. Every live birth must be declared within one month at the local registrar's office by the father, or other specified person in his default. A similar rule obtains for stillbirths, the period of gestation being recorded in both cases. Every death must be declared immediately, in presence of two witnesses to the fact of death, by the person relative, or other specified person in his default. The medical practitioner who attended the deceased in his last illness must hand to the family a certificate of the fact of death and its primary and contributory causes. Registration summaries are sent monthly to the central statistical department from all local areas. The birth rate of Portugal, from 1913 to 1920 inclusive, ranged between 26.4 and 33 per thousand. The death rate, from 1911 to 1920 inclusive, ranged from 19.4 to 40.2, the latter high figure belonging to 1918, the influenza year. In 1920 it was 25.5. Two causes of death show a disparity with English returns. For example, the number of deaths from tuberculosis of the lung to Portugal from England is as 1 to 4; for ill defined causes as 10 to 1. This low cancer rate, combined with a high rate for ill defined causes, is probably a matter of diagnosis. The birth rates and general death rates quoted may reflect the facts; they may, on the other hand, be misleading—if, for example, the annual population on which they are based, calculated presumably from the census of 1911, were underestimated. As regards the census for 1911 no opinion can be expressed. As to the census of 1920 the comments of the Director-General may be left to speak for themselves. Had control been rigidly centralised it is likely that the irregularities to which he refers would have been substantially reduced. So that as it may, an essential requirement for the compilation of vital statistics in Portugal or any other country is a sound population figure.

BIRTHS AND DEATHS REGISTRATION ACT, 1926.

Mr. George P. Steadhearne, honorary secretary of the Association of Registrars of Scotland, informs us that a number of medical practitioners in that country are now sending death certificates direct to registrars under the impression that they are required to do so by the new Registration Act. It should be noted that this impression is erroneous. The Births and Deaths Registration Act, 1926, the new Act in question, does not apply to Scotland or Northern Ireland. Any change of procedure which it involves affects England and Wales only.

THE ANNUAL MEETING: TWO CORRECTIONS.

In our reports last week of the Annual Meeting of the British Medical Association at Edinburgh, there were two mistakes which need early correction. The number of those attending the Annual Dinner was in fact more than twice the figure mentioned. No fewer than 678 members of the Association and guests were present. Again, the winner of the Ulster Golf Cup this year is Dr. A. J. Cronin, not Dr. J. A. Cromie, as stated at p. 79 of the Supplement.

By an Order of the Committee of Privy Council, Sir Hugh K. Anderson, M.D., F.R.S., Master of Gonville and Caius College, Cambridge, and Professor T. R. Elliott, M.D., F.R.S., Director of the Medical Unit, University College Hospital, London, have been appointed members of the Medical Research Council into the vacancies caused by the retirement of Sir Frederick Andrews and Sir Cuthbert Wallace.