

present. The Buxton swimming bath at the natural temperature of 82° F. is one of the most valuable remedies at our disposal. In true neuritis, however, massage is as a rule not beneficial and nerve stretching is quite contraindicated. The combined bath, alternating with the natural swimming bath and the application of electricity in the form of the constant current (5 to 15 milliamperes), ascending and descending over the affected nerve, or in the form of the constant current bath, are of much service. The affected limb should be kept warm by the wearing of double-sleeves or double-legged pants of wool. The injection of $\frac{1}{2}$ gr. of pilocarpin nitrate on alternate days for two or three weeks, except in cases where there is organic heart mischief, has been highly praised by Dr. Farquhar of Marlborough.

CASE OF PRECOCIOUS PUBERTY IN A FEMALE CRETIN.

By F. WELLESLEY KENDLE, M.R.C.S.,
Honorary Secretary of the Barnstable Division of the British Medical Association.

THE case was exhibited and described before a recent meeting of the Division.

B. H., aged 9, is the youngest of seven children. The father is robust, but intemperate; the mother died at 39, of acute pulmonary phthisis; the mother's sister died at 25, of acute phthisis; an elder brother, a cretin, lived fifteen years; other brothers, sisters, and relatives healthy. In past generations there has been much intermarrying of near relations on both sides.

The district in which the patient resides is loose shillet and compact limestone, rich in mineral; both parents were reared near a large manganese mine; both cretins were born within a mile of it.

The child showed signs of backwardness about the time she was weaned; the fontanelles remained open. She had no teeth, was unintelligent, and had an unmistakable cretinous appearance. She was treated with freshly-made glycerine extract of sheep's thyroid with marked success for two years. As her mother died when the child was about 3 years old, and she was left in the charge of a sister who was only 11, treatment became fitful and was gradually discontinued. I lost sight of her for six years.

She next came under treatment in April, 1904. I found that not only had she not grown since I last saw her, but that she had retrograded both mentally and physically, until she presented the appearance of a confirmed cretin. Her height was 36 in., weight 47 lb., girth 25 in., and chest 26 in. Her expression was dull and vacuous, but she brightened up a little when addressed; she had lack-lustre eyes, short broken lashes, heavy drooping lids, scant eyebrows, wrinkled forehead, depressed bridge of nose, protruding tongue, dribbling mouth, with thick lower lip. She had twelve teeth, all decayed; none had been shed nor had molars been cut. The head was large, the fontanelles and median sutures both depressed. The hair was straight, coarse, dull and brittle, the neck short and fat, the sternum misshapen, the belly full and pendulous, the back broad, hunched, fat, and covered with silky down; the shoulders rounded, marked lordosis, the pelvis tilted, the buttocks ill-developed, the legs short but the bones too thick for their length. The patellae were remarkably small. There was considerable genu valgus, causing the child to walk on the inside of the foot, though there was no true talipes; the gait was jerky and unsteady, with frequent stumbling. She did not play about like other children, but sat still for hours together, as if hypnotized. She had not been able to learn much, understood and spoke but few words, and uttered these indistinctly in a deep, harsh, unchildlike voice. The urine was offensive (phosphatic), and she wetted the bed. The bowels were constipated, and the appetite very capricious; she objected to animal food and sweets, but liked condiments and pickles.

Thus far she presented the appearance of a typical cretin, but in one particular she was distinguished from every other recorded case of female cretinism—she was a remarkable example of precocious puberty. The breasts were fully developed, each with a diameter of $3\frac{1}{2}$ in., with well-shaped, prominent nipples; there was coarse hair in the axillae and pubes. Menstruation commenced at 5 years and 2 months of age, and continued at irregular intervals of from two to four months; the discharge was abundant, quite equal to that of a mature woman, lasting from three to five days,

occasionally offensive on the last day, with dysmenorrhoea the first day. The urine was particularly offensive during the whole period.

October 26th, 1904. She has now been on thyroid extract for six months, and has made immense progress; she has grown nearly 5 in., and has lost 7 lb. in weight; she is much more intelligent, plays, laughs, sings, runs about, and is in constant mischief. She has cut four double teeth and is shedding her decayed incisors. She no longer wets the bed, and the urine has ceased to be offensive; the bowels are regular and the appetite good. Her expression has so completely changed for the better that she is quite unrecognizable even by her nearest relatives who have not seen her for a few months. The coarse hair has been replaced by a much finer growth; that on the back has disappeared; the skin is soft and natural—indeed, the improvement in every respect is most remarkable.

Strange to say, she has not menstruated since she resumed the thyroid extract; the breasts are much smaller, the nipples less prominent; the hair has disappeared from the axillae and pubes; the voice is less deep, and her whole organism seems to have reverted to a more childlike type. This is the more astonishing, since it is a well-known fact that puberty is invariably delayed in cretins, and that treatment tends to ripen the uterine functions in those cases in which puberty has not run *pari passu* with adolescence. It almost seems as if the energy of growth initiated by the earlier treatment had become monopolized by the generative organs when the thyroid extract was intermitted, and that on its resumption this has been again diverted for the purposes of bodily and mental growth. So far as I have been able to discover, the case is unique.

January, 1905. Progress still continues; menstruation has not returned. Has grown another 2 in.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

SLOUGHING OF INTUSSUSCEPTED GUT: SPONTANEOUS RECOVERY.

ON August 23rd, 1904, I saw a child aged 4 years, the history of whose case was as follows:

History.—On Friday and Saturday, August 19th and 20th, the child had suffered with what appeared to be an ordinary attack of diarrhoea attended with slight vomiting. On the evening of the 20th it for the first time passed a little blood per rectum. After this the child passed at intervals small quantities of blood and mucus per rectum, but, as the mother expressed it, the diarrhoea stopped, but the child vomited everything it took by the mouth. This condition lasted until the time of my visit on August 23rd.

State on Examination.—The child was looking extremely pinched and ill, the pulse small and very rapid, the eyes hollow and sunken, and the mouth almost dry. The abdomen was very much distended and highly tympanitic. The outline of the coils of the small intestine were most markedly visible on inspection. The napkins which the child had worn were all stained with blood and mucus. There was nothing to be felt on rectal examination. In the upper part of the right iliac region I could detect slight resistance on palpation, but no definite sausage-shaped tumour.

Treatment.—I diagnosed ileo-caecal intussusception, and decided to try injection of the colon with warm water. With a stomach-tube passed well into the rectum I poured in about three pints of warm water, having the child practically inverted and allowing about 3 ft. of pressure on the water. This manoeuvre seemed to cause the child some pain. After retaining the child for about ten minutes in the inverted position, I allowed the water to be returned, when I found that the last portion to be expelled was bloodstained and extremely evil-smelling, having exactly the aroma of gangrenous tissue.

Progress.—On my visit some two hours later I found that the symptoms of obstruction were still entirely unrelieved, so I asked my friend Dr. Mathews to see the case with me. We decided that in the child's bad condition an abdominal section would probably be fatal in its result, and that, seeing that the gut was probably gangrenous, and that further attempts at reduction by injection would be almost equally dangerous, the only thing to do was to make the child as comfortable as possible, and to hope that Nature might effect a cure. I accordingly ordered the child 1-minim doses of liq. morph. hydrochlor., to be given every hour until sleep was obtained.

Result.—During the next day, August 24th, the patient's condition was very grave; the vomiting was persistent and the distension very pronounced; nothing whatever had passed per rectum. On the morning of the 25th the condition was still the same, and I thought the child's end was near. In the evening of the 25th I again saw the patient, when I was

informed that he had not vomited since 2 p.m., and that he seemed better. I found the pulse considerably improved and the abdominal distension much less. While I was examining the abdomen, some extremely offensive gas was passed per rectum. The smell of this gas was exactly like that noticed when the water was returned after injection. I formed the opinion that the intussusception had relieved itself by sloughing, and gave instructions for any motion passed to be saved for my inspection. On my visit the next day I found that all the symptoms of obstruction had cleared up and that diatus had been freely passed by the bowel. On the evening of this day (August 26th) a motion of a semi-solid character was passed, and in the first portion of this I found a piece of gangrenous tissue, which evidently consisted of about 2 in. of small intestine. Since that time the child has made an uninterrupted recovery, and is now to all appearance perfectly well.

Nantwich.

R. T. TURNER, M.D., Ch.B. Vict.

VAGITUS UTERINUS.

In the *EPITOME of the BRITISH MEDICAL JOURNAL* for August 24th, 1904, I notice a case of vagitus uterinus, reported from a German source. The following case from my own practice may prove of interest:

Mrs. R., a multipara, aged 40, youngest child 10 years old, was seen by me at 6 a.m., having been in strong labour for some hours. On examination, the head was above the brim, the os fairly dilated, pains were good, but the progress being made was not proportionate to the length of the labour and the strength of the pains. The woman's condition was good, but it was felt that some explanation was needed for the detention of the head above the brim.

A colleague was called in to give chloroform, and on examination a hand was found lying on the back of the neck behind the head. As some difficulty was found in replacing it, it was decided to turn. While feeling for the knee, the child was twice distinctly heard to cry—by my colleague, the nurse, and myself. Again, when the foot was brought down, while preparing some tape to tie round the ankle, the child cried distinctly. This was at about 8.30 a.m. Labour was now allowed to take its course, and in three hours the child was born—assisted, as it proved an extra large one, by slight traction on the breech. It was somewhat asphyxiated, but was easily revived with the usual measures. It gave no further trouble, and now, twelve months later, is a flourishing infant.

The parts at the time of turning were not sufficiently dilated to admit of rapid delivery, which would suggest itself as being the indication in the interests of the child under such circumstances. And I was as surprised as pleased at being fortunate enough to obtain a living infant.

Charters Towers. E. TEMPLE SMITH, M.B., M.R.C.S. Eng.

GREEN MILK.

I WAS called to see a baby, 12 months old, that seemed to have bronchitis symptoms complicating or as a consequence of teething. The state of the gums was such as in my opinion to require lancing. The nervous state of the mother, aggravated by her anxiety for the child, resulted in a hysterical attack as soon as I set about to perform the operation.

The mother, contrary to my advice, had continued to nurse her baby up to the time it was taken ill. On my visiting the child the next morning the mother informed me that she had had to wean the baby, as her milk had turned green. She showed me a sample that she had drawn off with a breast pump; this, which I showed subsequently at a meeting of the Swansea Medical Society, seemed very rich in fat, and was of a duck's egg green colour; the first lot drawn off was, as I was informed, of a much darker shade of green—"like a leaf." I examined the breast pump to see if the green colour was due to contact with any green colouring matter on the pump, but I came to the conclusion that this was not so. On testing with nitric acid I was not surprised to find that I did not get the display of colours characteristic of this test for bile pigment. A sample of cow's milk tinted with ox-bile to the same degree of coloration also did not give Gmelin's test. The mother was taking no medicine, nor was a belladonna plaster or paint applied to the breast. The milk was green as it came away from the breast, and not as a result of changes produced whilst standing.

The interesting question is, What was the cause of this sudden change in the milk?

Swansea.

G. ARBOUR STEPHENS, M.D. Lond.

TWO CASES OF EXFOLIATIVE DERMATITIS.

THE following cases are interesting, because they are not examples of pityriasis rubra or ordinary exfoliative dermatitis, but are evidently what Féréol describes as "desquamative scarlatiniform erythema."

CASE I.—Z, a gentleman, aged 30 years, noticed a rash on the upper part of his legs and body on Saturday, September 17th, 1904, and felt slightly feverish. However, he thought nothing of it, and having taken a hot bath he drove in an open trap to the theatre. He felt quite well all Sunday, but the rash increased in intensity and was accompanied by severe itching. I first saw him on Monday morning, when I found him with an intense, uniform red, scarlatiniform eruption all over the body, legs, and arms. His skin was hot, and, as he expressed it, "When he held his hand 1 ft. from his body he could feel the blaze from it." His temperature was 99° F., pulse normal, tongue rather foul; no sore throat, no albuminuria. I sent him to bed, and ordered him the ordinary "mist. alba" and a cooling dusting powder. On the following day the rash was more intense, if possible, and had extended to the forehead and face. The eruption on his forehead was not as uniform or red as that on his body, but was more punctate. He felt quite well and wanted to get up. The rash began to fade on the 24th, when, as he still complained of great irritation, I ordered him warm baths with resolin soap, and allowed him up in his room. On September 25th, before the rash had faded, a fine branny desquamation commenced all over the chest, body, and forehead, and by October 1st he was pulling large pieces of skin off his hands. On October 4th he came to me complaining that he had some other kind of rash on the outer side of his right hand and lower arm. This, however, proved to be a slight herpetic eruption along the cutaneous branches of the radial nerve, and disappeared with treatment in a few days. Desquamation had entirely ceased in four weeks' time from the commencement of the illness. The feet never peeled, and the tongue never showed that glazy appearance so typical of scarlet fever. There has been no relapse. His health has been robust ever since, and his skin is quite healthy.

CASE II.—X., a married woman aged 30 years, had had several recurrent attacks of jaundice. Towards the end of her last attack she came to see me complaining of a rash. I found her with a bright scarlatiniform eruption on the chest and body, and a sore throat. Her temperature was 101° F.; pulse quickened. Her tongue was coated and foul, with enlargement of the papillae. There was no albuminuria. She complained of itching. In a few days the rash began to fade, and desquamation immediately started. In about a week's time another eruption appeared, followed by further desquamation. The hands and feet were still peeling from the first eruption, whilst the second eruption was out on the chest and body. This process continued alternately for several months. There was very little constitutional disturbance all through.

REMARKS.—The first of these cases is remarkable by the entire absence of constitutional symptoms, the intensity of the eruption and the completeness of the desquamation; the second, by the general severity of the attack and the frequent alternate recurrence of the erythema and desquamation. In neither was there any falling out of the hair or exfoliation of the nails. In both the desquamation started before the rash had faded. I found the treatment by warm baths and resolin soap very useful. The irritation was checked and the skin became soft and smooth. The cases are worthy of note, as they differ so markedly from pityriasis rubra, and are so difficult to diagnose from scarlet fever in the early stage.

Leeds.

PERCY SANDYS BIRD, M.D.

HERNIA OF THE UMBILICAL CORD.

ON December 8th, 1904, I delivered Mrs. W. of a well-developed male child, with a hernia of the umbilical cord the size of a very large apple. The child appeared to thrive well, the bowels moving naturally, and the breast being well taken. The cord dropped off at the usual time and the amnion with it, leaving the peritoneal sac exposed, which was carefully dressed antiseptically. I advised non-interference, but as the parents were anxious that something should be done, the child was sent into the Falkirk Infirmary on December 23rd, and with some reluctance Dr. Griffiths, the surgeon to the Infirmary, decided to attempt a plastic operation. With the able assistance of Dr. J. G. Duncan, an elliptical incision was made round the base of the tumour, and it was found to contain a portion of the intestines and the whole of the liver, which was so firmly adherent to the apex of the sac that separation was impossible. The practical point which I should like to emphasize is that some of the textbooks I have consulted take a somewhat rosy view of this condition.

Hirst, in his *Textbook of Obstetrics*, p. 812, states that "an immediate plastic operation is indicated, even if the mass of protruding intestines is as large as an apple. The results of the operation have been excellent," and as it is impossible to be absolutely sure of the contents of the sac, a much more favourable prognosis might be given than the condition of affairs found at the operation warranted.

Falkirk.

G. C. STEWART, M.B.

affects especially the trunk of the body more than the limbs. When he was opened his guts were much inflated with air, but no appearance of mortification. The abdominal viscera were much more tossed out of their places than ordinary. . . . If I had another patient I would be at a loss how to treat him. Dr. Mead has tried all the Nervous medicines, and has found little effect from them. I should go on in the way as the state of the blood required. However, I don't know whether it be in the blood or not. I imagine it is as much in the nerves and animal spirits. Dr. Mead says (tho' I could not observe it in our patient) that the person's senses were very lively. It is likewise observed that the pulmonary artery of them that die of this disease is as much obstructed as if the patient had died of a peri-pneumony. As we don't know what the animal spirits are, we can't endeavour to cure them, but I would begin with nervous medicines. Dr. Mead says his specific won't have any effect after the Hydrophobia comes on. As the disease is mostly Nervous, I don't wonder that no remedy has been found out, as all nervous disorders are what we call a sort of *res incognita*!

Dr. Cassels Brown quotes from the article Hydrophobia in the *Cyclopaedia of Practical Medicine*, edited by Forbes, Tweedie, and Conolly, a passage which seems to prove that this *post-mortem* examination was made by the famous anatomist, Muuro.

The *Revue Internationale de la Tuberculose* is the title of "a special journal which," we are informed, "gathers all notions concerning tuberculosis which are published not only in England, but all over the world." The periodical, which is now in the fourth year of its existence, is published monthly in French, Italian, Spanish, and English. The Editor-in-Chief is Dr. Samuel Bernheim; the English and American editor is Count Ivan Tolniewski, M.D., of London. Among the "principal collaborators," whose names appear on the wrapper, we note the names of Dr. Francis J. Allan and Dr. A. Latham of London, and Dr. Arthur Ransome of Bournemouth. The last-named gentleman contributes to the January number, a specimen copy of which has been sent to us, a paper entitled The Public-house as a source of Phthisis.

THE GRIFFITHS TESTIMONIAL FUND.

DR. A. P. FIDDIAN (23, The Walk, Cardiff), Treasurer of this Fund, has received the following further subscriptions:

	£	s.	d.
Amount already acknowledged	...	22	15 6
Sir R. Douglas Powell	...	2	2 0
Dr. Howell Rees (additional)	...	0	16 0
Dr. M. H. Greener	...	1	1 0
Dr. W. Edmund Thomas	...	2	2 0
Dr. B. W. Broad	...	1	1 0
Dr. Percy W. Griffiths	...	1	1 0

The object and particulars of the fund were stated in our columns of January 21st, 1905, p. 160.

MEDICAL NEWS.

THE estate of the late Mr. A. Quarry Silcock is returned as £10,955 11s.

THE Committee of the Infants' Hospital has received from the Trustee of the Jessie Alice Palmer Charitable Fund the sum of £500 to endow a cot in memory of the late Jessie Alice Palmer.

THE inaugural dinner of the Association of Medical Diplomates of Scotland will take place at the Trocadero Restaurant, London, on Tuesday, February 14th, at 7 for 7.30. All who hold a diploma of a Scottish college, including ladies, are invited to attend. Tickets, price 10s. 6d. not including wine, may be obtained from the Honorary Secretary, Dr. David Walsh, 18A, Hanover Square, London, W.

THE British Child-Study Association has arranged for a meeting at the Parkes Museum, Margaret Street, W., on Thursday, February 9th, at 8 p.m., when Dr. G. Shuttleworth will read a paper on some physiological problems in education, which will be followed by a discussion. Other meetings under the auspices of the Childhood Society and the Association mentioned will be held on succeeding Thursdays at the same hour.

REQUESTS AND DONATIONS TO HOSPITALS.—The following requests to hospitals were made by the late Mr. Lionel Van Oven: £1,000 to the London Hospital, £500 to St. Mary's Hospital, £100 to the Royal Hospital for Consumption, Ventnor, £50 each to the Mount Vernon Consumption Hospital, Queen Charlotte's Lying-in Hospital, and the Spanish and Portuguese Beth Holim Hospital, Mile-end, and £250 to the Jewish Home and Hospital for Incurables, King Edward's

Hospital Fund for London has received a contribution of £500 from the Worshipful Company of Fishmongers.

SANITATION OF CUBA.—The Cuban Congress has passed a Bill appropriating a sum of £65,200 for the immediate sanitation of the cities of the island. The Special Committee of the Senate on Sanitation recommended measures granting all municipalities 2 dol. 16½ cents per inhabitant for city cleansing and sanitation, with an additional 10 or 20 per cent. for the larger towns, according to population and importance. The Appropriation Bill was passed by the House by a vote of 23 to 15, and the recommendation of the Senate Committee for a grant to the several cities was informally approved.

LEAMINGTON MEDICAL SOCIETY.—The annual meeting of the Leamington Medical Society was held at the house of the President, Dr. Harold Mason, on January 14th. The accounts for the year were examined and passed. The President then retired, and Mr. R. F. Bury was unanimously elected President for the ensuing year. Mr. J. F. Clark was re-elected Secretary for the twenty-fourth time. Hearty votes of thanks were accorded to the retiring President and to the Honorary Secretary. The reference library of modern medical literature was reported to contain 360 volumes.

PARIS CENTENARIANS.—Madame Robineau, who lately entered on her 105th year, is said to be living in perfect health in the quarter of the Etoile, Paris. She was recently visited by Professor Metchnikoff, in reply to whom she said she had no secret: she lived in the ordinary way, and had never thought of adopting any special diet, not even the "sour milk" which the Russian scientist looks upon as the elixir of life. We also gather that the old lady has contrived to overpass her century of years without parting with her colon. May it be long before she comes to a full stop! The most recent municipal statistics, coming down to the end of 1904, show that there are now in Paris two men and three women more than a 100 years old. There are no fewer than 530 over 95.

MEDICAL STUDENTS IN SWITZERLAND.—According to official returns the total number of matriculated students of medicine in the Universities of Switzerland during the summer semester of 1904 was 1,724. Of these, 958, considerably more than half, were women, all but 27 of whom were foreign. Of the male students 214 were foreigners. The students were distributed in the several universities as follows: Bale, 129, of whom 113 were Swiss and 16 foreign (6 of the number were women, 15 Swiss, and 1 foreigner); Berne, 594, of whom 133 were Swiss and 461 foreign (of the female students 2 were Swiss and 405 foreign); Geneva, 288, of whom 82 were Swiss and 206 foreign (the number of female students was 144, of whom 3 were Swiss); Lausanne, 326, of whom 74 were Swiss (the female students numbered 223, of whom 2 were Swiss); Zurich, 387, of whom 177 were Swiss (there were 178 women, of whom 15 were Swiss). In addition to the matriculated students there were some entered for special courses. These were distributed as follows: Berne, 12, of whom 4 were women; Geneva, 29, of whom 2 were women; Lausanne, 2, of whom 1 was a woman; Zurich, 15, of whom 12 were women.

FRENCH CONGRESS OF CLIMATOTHERAPY AND URBAN HYGIENE.—The second meeting of the French Congress of Climatotherapy and Urban Hygiene will be held at Arcachon, in the Department of the Gironde, France, April 24th to 28th, 1905, under the presidency of Professor Renaut, of Lyons. The Vice-Presidents are Professor Calmette, of Lille; Professor Grasset, of Montpellier; Dr. Balestre, *Professeur agrégé* at Montpellier; Professor Pitres, Dean of the Medical Faculty of Bordeaux; and Dr. Lalesque, of Arcachon. It will close at Pau on April 29th. The railway companies will grant members of the Congress a reduction of 50 per cent., available for Arcachon, Biarritz, and Pau, during the last fortnight of April. Wives and children of members travelling with them may benefit by the reduction. Excursions will be made on the bay and in the forest of Arcachon, as well as the Bearn and Basque countries. A copy of the programme will be forwarded to each member at least ten days before the opening of the Congress to enable all who intend to take part in the discussions to prepare themselves. Members who wish to make communications to the Congress are requested to send the title and a brief summary before March 20th to the General Secretary, Dr. A. Festal, Villa David, Arcachon, who will supply any further information that may be required. The General Treasurer is Dr. Dechamp, Villa Tibur, Arcachon.

HOSPITAL ADMINISTRATION AND FINANCE IN LONDON.

SIR HENRY BURDETT has published in the *Times* a study of the resources and requirements of the voluntary hospitals of London, which contains some remarkable statistics.

THE POSSIBLE HOSPITAL POPULATION.

With the assistance of the Registrar-General's department he has made an estimate of the number of persons in London who, judging by their occupations, can be expected in any circumstances to persuade themselves to apply for free medical relief at a London hospital. On a very liberal interpretation they amount to 52 per cent. of the whole, but from this paupers resident in institutions, who numbered over 75,000, must be deducted, the net result is a population of 2,323,624 persons of all ages and both sexes, including some half a million children under 10 years of age.

NUMBER OF PATIENTS TREATED AT HOSPITALS.

He estimates that the number of patients in London who in 1903 received free medical relief was as follows:

<i>In-Patients.</i>		
At voluntary hospitals	112,523	
At infectious hospitals (mostly free cases) ...	21,925	
At Poor-law infirmaries (approximate) ...	81,835	
Total		216,283
<i>Out-Patients.</i>		
At voluntary hospitals	1,646,976	
At dispensaries (free)	207,549	
At dispensaries (provident)	77,065	
Poor-law dispensary and home cases ...	124,129	
Truss, etc., societies	32,561	
Total		2,086,280
Grand total		2,302,563

It thus appears that the actual number of persons returned as receiving medical relief at institutions in the County of London in 1903 was equal to the total number estimated to be under any circumstances eligible to be hospital patients, with the exception of (in round numbers) 20,000 persons.

RELATION OF INCREASE OF PATIENTS TO INCREASE OF POPULATION.

Sir Henry Burdett then points out that the increase in the population of the County of London in the ten years 1894-1903—that is, that of 1903 compared with 1894—was 6 per cent., or 264,646 persons, and the increase in the voluntary hospital population alone during the same period was upwards of 23 per cent., or 330,466 patients, as the following table shows:

Beds and Patients Treated by the Ninety-Four Voluntary Hospitals in the County of London in the Years 1894 and 1903.

	1894.	1903.	Percentage of Increase.
Beds	9,110	9,771	7.25
In-patients	92,517	112,523	21.62
Out-patients	1,336,516	1,646,976	23.22
Total Patients	1,429,033	1,759,499	23.12

That is to say, that while in the ten years ending 1903 the patients treated increased by upwards of 23 per cent., the population of London increased by only 6 per cent. As the best-managed hospitals have in recent years exercised more care in returning the number of out-patients, he concludes that the number in 1894 is more likely to have been overestimated than in 1903, and he continues: "In my view, every thoughtful person who studies these figures must be convinced that the hospital needs of London's population are at present more than provided for in the matter of free medical relief. There is a very real necessity for the enforcement of economy and control in regard to the admission of free patients to the London hospitals to-day. Out of this army of free patients a considerable proportion must be able to pay for most or all of the medical treatment they require. If this be so—and who that knows the facts can doubt it?—it follows that the hospitals must largely cut down the admission of free cases by forcing the majority to obtain medical relief in the ordinary way."

The Total Cost of the Work done by the London Voluntary Hospitals.

Sir Henry Burdett estimates that the money expended by

the 94 voluntary hospitals in the County of London in 1894, on the maintenance of 9,110 beds and the treatment of 92,517 in-patients and 1,336,516 out-patients—that is, a total of 1,429,033 patients—was £837,725. At the end of the ten years we find that these hospitals in 1903 expended no less than £1,341,641 on the maintenance of 9,771 beds and the treatment of 112,523 in-patients and 1,646,976 out-patients, making together a total of 1,759,499 patients treated in 1903. The following table gives the expenditure of the 94 hospitals during each of the ten years, the total ordinary expenditure having increased from £703,635 in 1894 to £914,373 in 1903, and the extraordinary expenditure from £134,090 in 1894 to £427,268 in 1903. There was, then, an increase in the total expenditure under all heads in 1903, compared with 1894, of upwards of £500,000, or over 60 per cent.

Expenditure of the Ninety-four Voluntary Hospitals in the County of London During the Ten Years, 1894-1903.

Year.	Ordinary Expenditure.	Extraordinary Expenditure.	Total's.
1894	£703,605	£134,090	£837,725
1895	705,246	144,401	849,647
1896	706,877	131,011	838,788
1897	743,617	112,724	856,341
1898	757,588	166,128	923,716
1899	761,940	228,812	990,752
1900	810,155	255,001	1,074,156
1901	864,523	247,680	1,112,203
1902	882,793	415,421	1,298,214
1903	914,373	427,268	1,341,641
Totals for ten years ...	£7,859,747	£2,463,436	£10,123,183

In commenting on this table, Sir Henry Burdett expresses the opinion that it tends to prove (1) that the great efforts put forward to finance the hospitals have been directly followed by an increase, by leaps and bounds, in hospital expenditure, and (2) that the managers of hospitals have the power, if they have the will, to control their expenditure year by year.

INCOME OF THE LONDON VOLUNTARY HOSPITALS.

In another table he gives the income of the 94 voluntary hospitals in the County of London during the ten years 1894-1903; he finds that the total receipts for the ten years, £10,429,844, exceeded the total expenditure, £10,123,183, of the 94 hospitals by £306,661. It will thus be seen that the 94 hospitals received collectively, but directly, an average of £30 600 a year more than they expended year by year, a fact which we hope will dispose once and for all of the wild statements that the voluntary system of support has broken down, and that the financial position is so grave as to call for rate-support or Governmental aid.

ECONOMY.

Sir Henry Burdett asserts that at the present time hospitals in London are expending more money than they need for the maintenance of the highest efficiency through (1) an absence of effective control over expenditure, and (2) the admission of a host of patients, especially in the out-patient department, who ought never to be admitted to free hospital treatment at all. If these defects were remedied, the present contributions to the London hospitals would, he believes, be adequate to pay for all the work that they can properly and usefully undertake.

PAYING WARDS.

One other suggestion Sir Henry Burdett makes which we feel is very open to criticism. He considers that it is incumbent upon the hospitals, in defence of their subscribers and in the best interests of the people of London of all classes, to bring the accommodation they afford to sick people up to the requirements of modern times by opening pay wards under conditions which will be adequate to protect and meet the reasonable claims of all the interests concerned.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 88.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF MANCHESTER.

NEW PUBLIC HEALTH LABORATORIES.

The new University Public Health Laboratories were opened by Mr. W. J. Crossley on January 27th.

Earl Spencer was in the chair, and Lord Lister, who was unable to be present, wrote: "I feel deep interest in this enterprise, calculated as it is to do immense service to Manchester and its neighbourhood, and also to bring additional renown to the University of Manchester. I cordially hope that generous benefactors will be forthcoming to provide the funds still required for the complete development of the usefulness of the institution."

The New Laboratories.

High praise was given to the Director, Professor Delépine, who in 1890 began as a pioneer the association of science at universities with Public Health, and the decentralization of such work hitherto confined to the Local Government Board. The pioneer work of the laboratory was done from 1891 to 1894. From 1895 the progress was so rapid that it was evident that a laboratory independent of the Pathological Laboratories of Owens College was needed, and a building was accordingly erected on the Stanley Grove Estate in 1902. When it was determined to erect the new infirmary on this estate, a new site had to be found for the new laboratory.

This new laboratory, planned by Professor Delépine, has been built close to the Stanley Grove Estate. The total cost for site and building was £13,000; the infirmary authorities paid £6,000 compensation for the old laboratory, and an anonymous donor gave £2,000, leaving a debt of £5,000. The income from fees barely meets the working expenditure.

The laboratory is one of the largest of its kind, and its predominant characteristic is unlimited good light for experiments and airy rooms. It is an oblong building, facing north and south, 160 ft. long and 60 ft. wide, with out-buildings 136 ft. by 16 ft. It consists of two stories, and is plain and unpretentious. Every room has a range of windows running along its whole length. Opening off the entrance hall—which is at the east end—there are on the left hand the caretaker's quarters, and on the right the clinical pathological laboratory to be used in connexion with the Royal Infirmary. Beyond and on the north side of the main corridor are the bacteriological classroom, a series of special research "cubicles," a general research room for the use of public authorities and a preparation room. On the south side are a large chemical laboratory, a dissecting room, experiment and store rooms. On the first floor are rooms for the Director, his secretary, and the staff, together with a library and a large public health museum. At the present time the staff is kept engaged in reporting on morbid products for sanitary authorities and for medical men, with the object of assisting public health administration and the diagnosis of disease. During the past five years the number of official reports issued exceeded 20,000, and they have been made to the sanitary authorities of Manchester, Salford, the counties of Lancashire and Cheshire, and nearly 100 municipal or urban districts. With the Director there is a staff of thirteen qualified assistants.

Mr. Crossley, in declaring the laboratories open, said that "prevention is better than cure," and that the great object was to prevent what had been called "the accidents of disease." As showing the value of the investigation, the Director in his report stated that "in half their cases the disease was shown to be other than that suspected." It seemed strange that in this country, which spent vast sums against visible foes which might never attack, the exchequer should spare so little for this other warfare—a warfare against those invisible foes which struck before we know of their presence.

Professor Calmette of Lille made a short speech in French, in which he humorously suggested that it would be rather a disadvantage for the laboratory to be self-supporting, as that would imply a greater prevalence of diseases requiring investigation. Professor Calmette was the representative of the Pasteur Institute of Paris and that of Lille.

Honorary Degrees.

After the ceremony at the Public Health Laboratory there was a special assembly at the Whitworth Hall of the University for the purpose of conferring honorary degrees.

Earl Spencer presided, and said that he stood before his University for the first time as its Chancellor. He felt sure that the citizens of Manchester would come forward with

enthusiasm and with earnestness, and with that liberality which had been so remarkable among them, to cherish and foster that noble institution which the wisdom and generosity of their ancestors had set up amongst them.

All the honorary graduands received the degree of Doctor of Science. Professor Delépine, in presenting Professor Calmette of Lille, referred to the fact that the name of Calmette was as well known in the east as in the west on account of his discovery of an antidote to snake poison. He also referred to the study of the nature of fermentation by moulds.

Professor Stirling in presenting Professor Perroncito, Professor of Parasitology in the University of Turin, recalled the fact that in the seventeenth century a physician, philosopher, and a man endowed with great poetic genius—Francesco Redi, Physician to Ferdinand II., and a member of the celebrated literary Accademia della Crusca—made an epoch-making and fruitful experiment when he covered fresh meat with gauze, thus excluding the blow fly. He also referred to the work of Spallanzani in the cognate directions, and claimed that Professor Perroncito was the scientific descendant of both these illustrious Italians. To Perroncito also was due the discovery that ankylostoma duodenale was the cause of so-called miner's disease, a fact first established in 1880, in connexion with the St. Gothard Tunnel.

Professor Lorrain Smith presented Professor Carl J. Salmonsens of Copenhagen, and dwelt in terms of eulogy on the pioneer work of Salmonsens in connexion with the cause of tubercle.

Professor Schuster presented Captain Scott, R.N., who commanded the Antarctic exploring vessel *Discovery*.

Sir William Church and Professor Woodhead also spoke on State medicine and public health. State medicine, Sir William declared, was the highest branch of the medical art, and added that it is with very great satisfaction that every one had seen that the newer universities had accorded to it in their curricula a most honoured position.

Professor Perroncito presented a congratulatory address from the University of Turin.

UNIVERSITY OF OXFORD.

Scholarships in Natural Science.

Scholarships in Natural Science are offered for competition on March 14th at Keble College, and on May 2nd at Merton College and New College.

Chair of Pathology.

At a meeting of the Hebdominal Council, held on Monday, January 23rd, it was resolved that the hearty thanks of the University be accorded to Mr. Edward Whitley, B.A., Trinity College, for his generous and timely gift of £1,000 towards the permanent endowment of the Chair of Pathology.

The Vice-Chancellor has published a letter received from Sir William Selby Church, Bart., K.C.B., D.M., D.Sc.Oxon., P.R.C.P.Lond., informing him of a meeting of medical graduates held in London on December 20th, 1904, at which it was determined: "That, with a view to show the strong feeling that the medical graduates have on the necessity for promoting the study and teaching of pathology, a fund be started for the purpose of assisting in this object; and the primary object of this be the establishment and endowment of a Professorship in Pathology."

UNIVERSITY OF LONDON.

KING'S COLLEGE.

Readjustment of Medical Classes.

With a view to preparing the way for the removal of the hospital to Camberwell, and the separation of Preliminary and Intermediate Medical Studies, the Council of King's College has dissolved the Medical Board, and has created a Board, and has created a Board for Advanced Medical Studies which will superintend the teaching work of the hospital and be organized as a separate department. The Preliminary and Intermediate Studies have been transferred to the Faculty of Science under a separate Board.

UNIVERSITY OF BIRMINGHAM.

Appointments.

PROFESSOR GILBERT BARLING, M.B., F.R.C.S., Professor of Surgery in the University, has been appointed Dean of the Faculty of Medicine in succession to Dr. Bertram Windle.

Dr. A. J. Ewart has been appointed Special Lecturer in Vegetable Physiology.

Dr. Stanley Barnes, Mr. J. T. Hewetson, and Dr. Thomas Wilson have been reappointed Honorary Assistant Curators in the Pathological Museum for a further period of three years.

Sir Thomas Browne.

Professor Churton Collins will give a fortnightly series of interpretative recitals from the poets and prose writers of the seventeenth century in the large theatre of the University on alternative Mondays at 5.30, beginning February 13th. The first will be from the writings of Sir Thomas Browne. Friends of the University, as well as students, are invited to attend.

UNIVERSITY OF LEEDS.

Annual Grant from Education Committee.

The Higher Education Subcommittee of the Leeds Education Committee have made the customary annual grants out of funds provided for the purpose by the Local Taxation (Customs and Excise) Act, 1890. The total amount available was £6,225, and of this £1,150 was allotted to the

University. This grant is in addition to the sum of £4,000 which was previously voted by the City Council.

Foundation Fund.

The Duke of Devonshire has contributed £1,000 to the Foundation Fund, which now amounts to £66,477.

The Mosely Education Commission.

Arrangements have been made to hold a dinner of the Court of the University on Monday, February 6th, in the University Buildings. Mr. Alfred Mosely, C.M.G., will be the principal guest, and it is hoped that there will be a large attendance. Earlier in the day Mr. Mosely is to give an address on Some Lessons learned by the Recent Mosely Commission of Educationalists in the United States.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly comitia was held at the College on Thursday, January 26th, the President, Sir William S. Church, in the chair.

Bradshaw Lecture.

The President announced that the subject of the Bradshaw Lecture, by Dr. G. R. Murray, would be exophthalmic goitre.

Membership.

The following gentlemen were admitted Members of the College: Henry Willoughby Gardner, M.D.Lond., L.R.C.P.; Charles John Nepean Longridge, M.D.Vict., L.R.C.P.; William Henry Willcox, M.D.Lond.

Diplomates in Public Health.

In conjunction with the Royal College of Surgeons, Diplomas in Public Health were granted to the following gentlemen:

Arthur Reginald Bankart (M.V.O.), M.B., C.M. Edin.; John Cullen, M.D., Ch.B. Glasgow; George Alfred Edsell, M.D. Durham, L.R.C.P., M.R.C.S., L.S.A.; William Lloyd Edwards, L.R.C.P., M.R.C.S.; Edward Haines, L.R.C.P., M.R.C.S.; Oswald Horrocks, L.M. and S. Madras, L.R.C.P. and S., F.R.C.S.E.; Oliver Richard Archer Julian (C.M.G., Major R.A.M.C.), L.R.C.P., M.R.C.S., L.S.A.; Charles Randolph Kilkelly (C.M.G., Surgeon-Major Grenadier Guards), M.B., B.Ch.Dub., L.R.C.S.I.; Frederick Norton Menzies, M.D., B.S. and M.R.C.P. Edin.; Robert Macfarlane Mitchell, M.B., Ch.B. Edin., F.R.C.S. Edin.; Arthur Hugh Morris (Captain R.A.M.C.), L.R.C.P., M.R.C.S.; Albert Pearce (Major R.A.M.C.), L.R.C.P., M.R.C.S.; John Richards, L.R.C.P., M.R.C.S.; Frank Edward Scrase, F.R.C.S., L.R.C.P.; Harold Weightman Sinclair, M.D.Lond., L.R.C.P., M.R.C.S.; Robert Small, L.R.C.P., M.R.C.S.; Frederick Robert Elliston Wright, M.B.Lond., L.R.C.P., M.R.C.S.

Licences.

Licences were granted to 101 gentlemen.

Communications.

Communications were received from:

1. The Secretary of Queen Victoria's Jubilee Institute for Nurses, asking the College to nominate a representative for a term of three years, from the end of February next, in place of Sir Dyce Duckworth, who retires by rotation, but is eligible for re-election. Sir Dyce Duckworth was re-elected.
2. The Secretary of the College of Surgeons, reporting certain proceedings of their Council on December 8th, 1904, and conveying the hope of the Council that this College might see its way to repeal By-law 177, forbidding its licentiatees to assume the title of "Doctor." The matter was referred to the Council for consideration and report.
3. From the Secretary of the Royal College of Surgeons, reporting certain proceedings of their Council on January 12th, 1905.
4. From Colonel C. W. Long, M.P. (Chairman of an Association formed in 1903), moving the College to memorialize the Government to give effect to Recommendation 50 of the Interdepartmental Committee on Physical Deterioration, by appointing a Commission of Inquiry into the prevalence and effects of syphilis on the national health. The question was referred to the Council for consideration and report.
5. The Registrar of the General Medical Council, forwarding a resolution of the Council of November 29th, 1904, on the teaching of elementary biology, being an addition (No. 9) to the resolutions of May 27th. This was referred to the Committee of Management.
6. From the Secretary of the Central Midwives Board (January 18th) requesting the College to appoint a Representative on the Board, by April 1st, in place of Dr. Champneys, who retired by rotation, but was eligible for re-election. Dr. Champneys was unanimously re-elected.

Elections.

On the nomination of the Council, Dr. Thomas Buzzard, Dr. Watt Black, Dr. Clifford Allbutt, and Dr. Hale White were elected Councillors in the room of Dr. Gee, Sir Thomas Stevenson, Dr. Champneys, and Dr. Sharkey, who retired by rotation, and Dr. Percy Smith and Dr. de Havilland Hall were elected a fifth Councillor for one year and a member of the Finance Committee respectively in the place of Sir Isambard Owen, who has resigned these offices.

Reports.

The following reports were received:

- (1) From the Conjoint Finance Committee, dated December 14th, 1904.
- (2) From the College Finance Committee, dated January 12th, 1905.
- (3) From the Committee of Management, recommending (a) that the Liverpool Stanley Hospital be added to the list of general hospitals recognized by the Examining Board in England. (b) That the Grimsby Municipal College be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry, physics, and practical chemistry. Both recommendations were agreed to.
- (4) From the Laboratories Committee, reporting (a) that during the three months ending December 1st, 7,548 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 22,644,000 units. (b) That during the quarter further batches of antitoxin supplied by Messrs. Parke, Davis, and Co. have been tested in the laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antiseptic. (c) That the Committee will meet once more in January to terminate the arrangements with the Metropolitan Asylums Board.

Membership.

An application from Dr. Robert Batho was considered for the second time, and the membership which he resigned in 1890 was restored to him.

Library.

Books and other publications presented to the Library during the past quarter were received, and thanks returned to the donors.

Examination for Licence.

The annual return by the examiners of the results of the examinations for the Licence in the year 1904 was received.

CONJOINT BOARD IN SCOTLAND.

THE examinations, concluded on January 28th, have resulted in the success of the following candidates:

First Examination (four years' course).—A. D. Roberts and G. Harrison.
First Examination (five years' course).—J. McCall, A. C. Ashworth, P. M. Tolmie, J. N. Robson, A. O'Flaherty, H. W. Powell, V. S. Saugziri, and J. C. Hawkes.
 Five passed in Physics, six in Biology, and one in Chemistry.
Second Examination (four years' course).—One candidate passed in Anatomy and Materia Medica.
Second Examination (five years' course).—G. Smith, E. F. Nivin, Mary Caroline Hamilton, W. Taylor, F. B. Elwood, J. Ferguson, P. T. Rutherford, and T. J. Vaughan.
 One passed in Physiology.
Third Examination (five years' course).—J. B. Engineer, V. A. Vijayakar, E. A. Williams, G. L. Baker, Mary Caroline Hamilton, Mary Deborah Hancock, C. I. McFarlane, W. A. Huston, W. M. Chambers, F. W. March, H. P. Margetta, G. C. Grundy, W. Dams, and J. W. Skelley.
 Two passed in Materia Medica.
Final Examination.—A. R. MacL. MacIlraith, J. M. G. Ewing, W. MacL. MacIlraith, J. Roberts, A. G. M. Middleton, J. G. McLeod, A. L. Johnston, J. A. Brown, I. David, J. H. Heddle, F. N. Hughes, P. J. F. Houston, Mary Brice Carr, G. C. Grundy, M. A. Gibbs, G. Abeyasinhe, Anna Mary Mullolland, S. K. Engineer, N. J. Rodrigues, J. J. Lawton, D. Smith, N. D. Sweetnam, J. S. Nelson, J. L. Power, A. D. Edwards, J. F. Webster, R. W. Telford, E. T. MacIntyre, E. H. E. Coghlan, F. Baillie, D. F. Mullan-Feroze, W. F. H. Ives, E. A. King, and W. Arais de Silva.
 Five passed in Medicine and Therapeutics, two in Surgery and Surgical Anatomy, five in Midwifery, and five in Medical Jurisprudence.

CONJOINT EXAMINATIONS IN IRELAND.

THE following candidates have passed the Supplemental Final Examination, January, 1905: F. L. Bradish, E. A. Bernard, C. P. O'B. Butler, F. J. Cairns, D. E. Crosbie, J. S. Dunne, Jennette Carroll Hargrave, Patrick Mary Moore, R. A. Murphy, De C. O'Grady, M. O'Keefe, W. Sheehan, A. E. S. Irvine.

INDIA AND THE COLONIES.

INDIA.

Anti-malaria Campaign in Madras.

The Madras Government has begun a vigorous campaign against malaria in that Presidency. A few localities were selected where certain experimental operations having for their object the suppression of malaria, could be carried out, and local bodies concerned were invited to allot funds for the purpose. The scheme of the operations comprised: (1) The filling up, or draining, of pools, or the killing of mosquito-larvae by kerosene oil; (2) the treatment of the inhabitants with quinine, and microscopic observations of the result of the treatment, and (3) the undertaking of drainage works which would permanently relieve subsoil and surface water obstacles. For the carrying out of the experiments in the places selected, the Sanitary Commissioner, Lieutenant-Colonel King, requested that the services of a commissioned medical officer as well as of an engineer subordinate might be placed at his disposal for a period of six months. From a published minute it appears that the Government is prepared to see effect given at once to the scheme as a practical portion of the regular sanitary programme in every municipality and throughout the jurisdiction of every Local Board in the Presidency. The necessity for including in their sanitary programmes provision for the execution, under the guidance and advice of the district medical and sanitary officer, of operations of the three classes indicated will be inculcated upon all local bodies. It is pointed out that the scheme can be applied only gradually, as funds permit, but some operations should be prosecuted every year, and suitable provision made in the budget for that purpose.

BEQUESTS TO HOSPITALS.—The Rev. Stephen Nottidge Tebbs, of Henbury, Gloucester, Fellow of St. John's College, Oxford, bequeathed £1,000 to the Bristol Eye Hospital, and left the residue of his estate (probably about £20,000) to six charitable institutions, including the Cancer Hospital, Brompton, the Royal Hospital for Incurables, Putney, and the Dispensary, Royal Infirmary, and General Hospital at Bristol.

OBITUARY.

MAJOR ALEXANDER SAMUEL FAULKNER, late of the Indian Medical Service, Bombay Establishment, died on January 13th, at Westgate-on-Sea, aged 50. He was appointed Surgeon September 30th, 1878, and made Surgeon-Major September 30th, 1890, retiring from the service in 1896. He served in the Afghan war in 1879-80 with the Southern Afghanistan Field Force, and received the medal for the campaign.

DR. HENRY MARTYN WELLS, formerly Medical Director of the United States Navy, died at New York on January 12th, at the age of 69. He was born at Northampton, in Massachusetts, and entered the navy in 1857. He was commissioned Surgeon in 1886. He was promoted to the position of Medical Inspector in 1884, and later was placed in charge of the Museum of Hygiene at Washington. Up to the time of his retirement, in 1897 Dr. Wells was Medical Director and Member of the Medical Examining Board.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Julius Scriba, for many years professor of surgery in the University of Tokio and author of numerous writings not only on surgical but on anthropological and botanical subjects, aged 55; Professor Ernest Abbe of Jena, whose improvements on the mechanism of the microscope have been of great importance to medical research, aged 64; and Dr. J. C. van Aubel, sometime professor of pharmacodynamics and forensic medicine in the University of Liège.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ANNUAL REPORT OF THE CHIEF INSPECTOR OF FACTORIES AND WORKSHOPS.¹

THE second part of the Annual Report of the Chief Inspector of Factories for the year 1903 has been issued recently. It contains statistical tables showing the number of places inspected, the accidents reported, prosecutions, etc.

Works Inspected.

The number of works visited by inspectors in 1903 was 253,866, or 1,013 more than in the previous year. During 1903, 27,027 new works were added to the register and 26,302 were removed. It will be remembered that a few years ago the Home Office insisted upon a certain degree of humidity in the atmosphere of textile factories. During 1903 the records of humidity received numbered 30,575, or 922 more than in 1902. These reports disclosed 1,181 instances of irregularity, but many of the excesses recorded were apparent only, and due to neglect of the hygrometers or to errors in reading them.

Employment of Children and Young Persons.

For the last few years the reports of the Factory Department have shown considerable diminution in the number of children and young persons employed in factories, especially in England. So far as half-timers under 14 years of age are concerned, Lancashire and Yorkshire show a declension of 1,057 and 323 respectively, while Ireland shows an increase of 1,324. Lancashire and Yorkshire also disclose a diminution of full-timers between the ages of 13 and 14 and 14 to 16. Taking all the children and young persons examined by factory surgeons in the United Kingdom for employment in factories, it is noteworthy that while in 1900 406,594 were examined, in 1903 the number had fallen to 359,275. It is interesting to note, in view of the question of "racial deterioration," that the number of young persons rejected on medical grounds as unfit for factory employment shows a still farther but very slight increase. It is 0.57 per cent. for the year. The principal causes of rejection were imperfect growth, defective sight, and anaemia. If "want of cleanliness" be removed from the list of medical reasons, the increase under this heading would be diminished.

Lead Poisoning.

As regards lead poisoning, the number of reported cases fell from 629 in 1902 to 614 in 1903. The diminution is seen most in the white-lead industry. Formerly this industry was a prolific source of lead poisoning, and not a year passed without several deaths being attributed to it. Recently this has not been the case. Coach painters and workers in china and earthenware show a slight increase in the number of cases of plumbism reported, and house painters, who do not come within the Act, exhibit, unfortunately, a still larger increase. Over all the industries, lead poisoning was the cause of 19 deaths, or of 5 more than in 1902.

Phosphorus Poisoning: Anthrax.

No case of industrial phosphorus poisoning was reported in 1903, but there were 12 fatal cases of anthrax as against 9 for the previous year.

Accidents.

A slight increase in the number of accidents is reported—namely, 1.4 per cent. as against an increase of 2.8 for 1902. As an indication of the change that is creeping over the industrial conditions of the country the number of accidents due to electric shock increased 37 per cent. The amount of overtime used in factories was less in 1903 than in 1902. Prosecutions for neglect as to fencing, etc., causing death or injury were more numerous than in 1902, and the penalties were heavier.

The statistical tables are clear and concise, and give at a glance information that is most useful from an industrial and legislative point of view.

RURAL MIDWIVES' ASSOCIATION.

A MEETING under the auspices of this Association was held on January 20th under the presidency of Lord Edmund Talbot. Among other members of the profession present were Sir Michael Foster, Dr. Handfield Jones, Dr. Downes, Dr. Savage, Dr. Bostock Hill, and Dr. Boxall. There were also present considerable numbers of the laity, including many ladies.

Mrs. Heywood Johnstone explained that the object of the meeting was to discuss the best means of carrying out the Midwives Act, especially in sparsely inhabited districts, the aim of the Act being the stamping out of puerperal fever, with better nursing of the mother and child. The points advanced for discussion were the proper authorities to carry out the Act, the questions of inspectors and inspection, of disinfection, of the best type of midwife for rural districts, the question of combination with nursing associations, of midwives acting independently, and the financial and other difficulties attending the matter.

Dr. Foote said that in view of the desirability of uniform control, the county councils or some body delegated by them were the proper authorities, not the district councils.

Dr. Boxall thought that the inspection of midwives would be best carried out by a local authority, and Dr. Savage, representing the Warwick County Council, said that it had put the matter into the hands of its sanitary committee which had recommended that two additional lady health visitors should be appointed for the purpose.

Dr. Handfield Jones considered that inspection was the crux of the whole question.

Sir Michael Foster expressed the opinion that the best type of midwife was one who had practical knowledge of the poor and would be accepted by them.

Dr. Reid (Stafford) thought that if societies working on the same lines would combine their forces the financial difficulty would be met.

Dr. Downes spoke of the need for more trained midwives, there being 3,000 only at present for the 500,000 cases annually not attended by medical men, and suggested that the Poor-law infirmaries should be recognized as training places.

The following resolutions were carried:

That a Committee appointed by the County Council would be the best authority to carry out the Act.

That inspection would be best carried out by or under the supervision of a County Medical Officer of Health or a fully-trained nurse midwife under medical supervision, and not connected with local nursing associations.

That the best form of rural midwife is a woman with an intimate and practical knowledge of the life of the working class.

STOCKPORT WATER SUPPLY.

THE position of Stockport in regard to its water supply has become somewhat serious. Owing to the dry summer and the small rainfall during the past few months, the supply in the reservoirs is only 40,000,000 gallons, as against 140,000,000 gallons at the corresponding period last year.

¹ Annual Report of the Chief Inspector of Factories and Workshops for the Year 1903. Part II. Tables. London: Eyre and Spottiswoode, 1904. Price 6d. The first part of the report was noticed in the BRITISH MEDICAL JOURNAL of August 12th, 1904, p. 350.