

I am greatly indebted to Dr. Flexner for supplying me with the antiserum for use in our cases.

I fully appreciate how dangerous it would be to attempt to draw conclusions from a small number of cases, and I quite recognize that an estimate of the value of this treatment can only be made after prolonged trial and testing by many observers and under varying conditions. In first sending me the serum, Dr. Flexner stated that "he did not claim that it was of great, or even of any, value," and I think it will be well not to go beyond that position at present; but from the impressions I have formed from an examination of these figures, and from watching the course run by cases treated in this way, I considered I was justified in placing these results before you.

REFERENCES.

- ¹ *The Practitioner*, January, 1908. ² *BRITISH MEDICAL JOURNAL*, July 27th, 1907. ³ *BRITISH MEDICAL JOURNAL*, October 26th, 1907. ⁴ *Journal of Experimental Medicine*, January, 1908.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

A NOTE ON CALMETTE'S OPHTHALMO-REACTION FOR TUBERCULOSIS.

EXCEPTIONS are said to prove a rule, but the exceptions in regard to the ophthalmalmo-reaction seem sufficiently numerous and striking to greatly impair its value as a clinical test for tuberculosis. Since Wolff-Eisner and Calmette introduced this modification of the tuberculin test for the clinical diagnosis of tuberculosis it has been tried in many thousands of patients suffering from tuberculosis and other diseases, but comparatively seldom in apparently healthy persons engaged in their ordinary daily occupations. From the numerous published papers on the subject it is evident, in the first place, that a positive result of the test is not always obtained in cases of active tuberculous disease. Patients have failed to react in whom a subsequent *post-mortem* examination has demonstrated the presence of miliary tuberculosis of the cerebral meninges, etc., and the result has sometimes been found to be completely negative in cachectic or dying persons with undoubted advanced tuberculosis of the lungs. Moreover, by some observers, in about 10 per cent. or more of apparently non-tuberculous hospital patients a positive reaction has been recorded, and I believe this percentage would have been much higher if the test had been tried, not on non-tuberculous hospital patients suffering from various complaints, but on apparently healthy persons who have to irritate their eyes by sitting up late every night to read and write by artificial light. I know unfortunately only five medical men who have tried this test or had it tried on themselves, but in all these apparently healthy doctors a positive result was obtained; in three the reaction was violent, and in the other two it was relatively slight, and occurred only after a second instillation of Calmette's tuberculin, the result of the first test (in the other eye) having been negative. I should mention that one of these five medical men had a small tuberculous nodule (resulting from an accidental rather deep inoculation at a *post-mortem* examination on a case of advanced pulmonary tuberculosis) removed from a finger seventeen years ago, but he has had no symptoms of any form of tuberculosis since then, and Calmette's test has been proved to give a negative result in cases of old, obsolete, and "cured" tuberculous lesions. In regard to the strength of the tuberculin fluid used for the test in these cases, it was either the 1 per cent. strength recommended by Calmette or considerably weaker. In one instance another drop of the same tuberculin fluid which excited a violent ophthalmalmo-reaction in a medical man failed to produce any reaction whatever in the eye of a man (a patient of my own) with the characteristic clinical signs of active tuberculosis of the upper part of one lung, whose sputum, moreover, contained tubercle bacilli. I think results of this kind are worth recording, however exceptional they may turn out to be, since I believe that there has been a tendency to magnify the value of the Calmette ophthalmalmo-reaction as a clinical diagnostic test for tuberculosis. Much light is thrown on such anomalous results of the test by a recent communication of Waldstein to a meeting of the *Wissenschaftl. Gesellschaft deutscher*

Aerzte in Böhmen on January 15th. He has observed violent reactions as a result of the test in some cases of follicular conjunctivitis, and even in ordinary chronic conjunctival catarrh, whereas the result of the test has been completely negative in some other affections of the eye, notably in tuberculosis of the iris.

F. PARKES WEBER, M.D., F.R.C.P.

Physician to the German Hospital, London, and the Mount Vernon Hospital for Consumption, Hampstead.

London, W.

PHTHISIS TREATED BY BOVINE TUBERCULIN.

THE following are notes of a case of phthisis treated by hypodermic injections of bovine tuberculin as recommended by Dr. Nathan Raw and manufactured and supplied to me by the Clinical Research Association. The opsonic index has not been taken, the patient being in too weak a condition, but Calmette's ophthalmalmo-reaction was tried on January 21st with negative results.

The patient, a lady aged 30 years, has been under my treatment for the past eighteen months suffering from tuberculosis of the apices of both lungs with cavities. Previous to coming under my care she had been treated by some well-known physician, also in sanatoriums abroad and at home, when her sputum had been frequently examined and tubercle bacilli always found. Her weight in January, 1907, was 8 st. 12 lb., which gradually decreased to 7½ st. in September, after which it was not taken, as the disease was advancing so rapidly, extending in the left lung down by the vertebra and outwards to the angle of the scapula and forwards to the apex of the heart, with large crepitations and râles. She suffered severely from dyspepsia, almost all food being vomited. She had to take to bed and was panting for breath. On November 17th her pulse was 130, and had been so for a week previous; now it varies from 72 to 80. Her digestion has vastly improved, in fact it is almost as good as ever it has been. She can take full quantities of ordinary solid food, meat and vegetables, and at Christmas partook of the regulation pudding in good quantities without the least ill effect. She gets up daily and goes out for drives. The lungs at the apices and the one at the back have dried up, and there is not a single moist sound to be heard; the intercostal spaces after a fortnight's treatment seemed to fall in, due, I considered, to the lung contracting, as there have been considerable pleural adhesions, but now the spaces between the ribs are filling out and the chest getting nicely covered with fat. She sleeps well and has practically no cough or night sweats.

I commenced the tuberculin injections on November 16th and continued them weekly to January 20th. The evening temperature when the treatment was commenced varied from 100° to 102°. This has gradually subsided and has now been normal for the past four weeks, with the exception of three days when it went up to 99° and 100°, but this was easily accounted for by a slight attack of influenza.

Of course it is too early to call this a cure, but the effects so far have been, to say the least, marvellous, and I wish to report the case in hopes that we may hear the results of the treatment in other hands. I do not propose to give any more tuberculin until I see how the case proceeds, especially as there has been no reddening or injection of the conjunctiva by Calmette's tuberculin test.

Tadworth, Epsom.

A. CUFFE, M.D.

REPORTS

ON MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

JOHANNESBURG HOSPITAL.

A CASE OF RESECTION OF THE RIGHT VAGUS NERVE FOR MALIGNANT DISEASE.

(Reported by H. TEMPLE MURSELL, M.B., M.C., F.R.C.S.E., Assistant Surgeon.)

THE interest of the following case lies not so much in the earlier operations carried out as in the later, where, the right vagus being involved, resection of 2 in. of the nerve was demanded if complete removal of the growth was to be attained.

The committee is further of opinion that the following precautions outside the contract are all reasonable, and that in the majority of cases there should be no difficulty in carrying them into effect:

(a) The medical officer of health of the district in which the farm from which the supply of milk comes is situate should be furnished by the hospital in question with a copy of the contract, and should be requested to further as far as possible the carrying out of its terms, so far as they relate to the condition of the cows and the dairy buildings, etc.

(b) The hospital should obtain a report, either from the medical officer of health or from a member of the hospital's own staff or other expert, as to the state of the sheds, milking-places, dairy, and water supply to the farm. It is, of course, most important that no hospital should be supplied with milk from a farm without a proper water supply.

(c) Wherever possible the hospital should endeavour to make an arrangement with the medical officer of health of the district to notify, at a fixed fee, to the hospital, any cases of contagious or infectious illness in the families of the men employed at the farm of supply. (We find this is already done in some cases at a fee of one guinea for each report. In some cases it may not be practicable, but it could, in our opinion, be achieved in the majority of cases, with the assent of the contractor, who can, of course, require his farmer to agree.)

(d) All milk should be inspected by some practical official on arrival at hospital.

(e) The milk should be chemically analysed at least once a week, but at irregular intervals, to ascertain the percentages of total solids and fats. Where it is thought inexpedient to engage the services of a skilled analyst in the first instance, a Gerber fat tester is recommended as the best apparatus to use. If the results of the test are unsatisfactory, a complete analysis should be made. The sample to be analysed should always be taken in duplicate in the presence of the contractor's representative, and one sample handed to him. We are advised that it is of little value to take the specific gravity of the milk except as part of a fuller analysis, and that the use of a creamometer is misleading. We are also advised that there is little practical utility in bacteriological tests.

(f) The employment of an inspector or inspectors to visit farms and test the milk either there or in transit would be an expensive undertaking for each hospital to carry out separately, but it may be worth while to consider whether the hospitals could combine for this purpose.

(g) In case of a yearly contract we are advised that the tender should provide two prices—one from October 1st to March 31st, and one from April 1st to September 30th. (In the event of the contract, at an average price for the year, having to be terminated prematurely in the summer months, the contractor would gain considerably, while an average price is unfair to the contractor if for any reason a larger supply is required in the winter or a smaller supply in the summer.)

The committee states that one hospital at least has secured a report upon the condition of the farm from a member of its visiting staff, who volunteered to undertake it, and it is believed that most other hospitals would encounter no difficulty in securing similar reports. The committee recommend that no condition should be inserted in the contract which it is not intended to enforce strictly, and observe in conclusion that it is possible that the strict conditions suggested may have the effect of slightly increasing the price at which contractors will tender, but in view of the serious interests involved, it is considered that this risk may justifiably be incurred.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

MR. McKENNA, M.P., in reply to a deputation from the County Councils Association to urge that a grant from the Exchequer should be made to relieve the rates of the cost of medical inspection of school children, which it was alleged would press hardly upon rural districts, said he considered the claim justifiable, and would recommend it to the Chancellor of the Exchequer. He hoped, moreover, that in the Education Bill, which he would introduce in the course of a few weeks, to be able to put the grant system, at present in a state of confusion, on a different footing. The financial arrangement proposed under the new Bill would far more than meet any additional burden imposed by it.

BIRKENHEAD.

The Birkenhead Town Council has appointed Dr. R. Sydney Marsden, M.O.H., to be supervising school medical officer, at a salary of £75 per year, and Dr. R. Owen Morris school medical officer, to devote the whole

of his time to the duties of the office, at a salary of £400 a year. Dr. Morris will retain the lectureship on hygiene at the Corporation Technical School. The Town Council also intend to appoint a school nurse to assist in the work at a salary of 31s. per week and uniform.

CHESHIRE.

The Cheshire Education Committee has appointed Dr. Vacher, county medical officer, to be the chief medical inspector under the education authority for the county, and has resolved to appoint also two medical inspectors at a salary of £350 each a year, to give their whole time to the work of inspection under Dr. Vacher's general supervision.

LEICESTER.

At a meeting of the Midland Branch Council which was held in the Royal Infirmary, Derby, on Thursday, January 23rd, the President of the Branch, Dr. Lorimer of Buxton, in the chair, a letter was read from Miss H. M. Greene of Derby, asking "Would it be feasible for the Branch to pass some kind of resolution strengthening the hands of medical women on the subject of the salaries to be paid by certain county councils for the inspectorship of schools?" The following resolution was passed unanimously:

That this meeting of the Council of the Midland Branch considers that in filling public appointments the same remuneration should be offered to female as to male medical practitioners.

MEDICAL NEWS.

PROFESSOR VON ESMARCH, of Kiel, celebrated his 85th birthday on January 24th. His native town, Tönning, in Schleswig-Holstein, has erected a statue to him.

At the meeting of the Royal Microscopical Society at 20, Hanover Square, W., on Wednesday next, at 8 p.m., there will be an exhibition by Mr. C. L. Curties of slides illustrating the life-history of some diptera, and Mr. E. M. Nelson will read a paper on eyepieces for the microscope.

On January 30th Professor Koch delivered a lecture, illustrated with lantern slides on sleeping sickness and the means of combating the disease, in the presence of the German Emperor and Empress. It is announced that at the end of March he intends to start on a voyage round the world which will extend over a year.

It is proposed to erect a hospital in St. Petersburg, to be called after Peter the Great. It was originally intended that it should contain 1,000 beds, but it has now been decided to increase the number to 2,000. A sum of 4,500,000 roubles has already been allocated for the purpose, but it is estimated that a million more will be required. The money will be raised by a municipal loan.

The next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the Warwick County Asylum, Hatton, on Thursday next, at 3 p.m., when Dr. George Turner will give a lantern demonstration on some further observations on the supposed thrombotic origin of epileptic fits, and Dr. Cunyngham Brown will read a paper, illustrated by lantern views, on boarding out of the insane in private dwellings.

DR. J. A. W. PEREIRA has been presented with his portrait, bearing the following inscription: "Presented by the Chief Constable and members of the Exeter City Police Force to Dr. J. A. W. Pereira, M.D., M.R.C.S., L.R.C.P., Police Surgeon, as a mark of their appreciation of his kindness and attention to the Police Force. Feb. 6th, 1908." The presentation was made last week by the Chief Constable, and was suitably acknowledged by the recipient.

The tour of medical study (*Excursions Médicales Internationales*) will take place this year in Italy from April 12th to 28th. The medical and sanitary institutions of Turin, Milan, Padua, Venice, Bologna, Florence, Rome, Naples, Pisa, Genoa, and San Remo will be visited. The organization of the tour is in the hands of Professor Pini, who has secured the co-operation of Professors Baccelli, Bossi, Mangiagalli, Mya, and other leading members of the medical profession in Italy. A complete programme of the tour is published in the January number of *L'E.M.I.*, which may be got on application to the Administration de l'Oeuvre d'Enseignement Médical Complémentaire, 8, rue François Millet, Paris (16e), from which all other information required on the subject can be obtained.

Consulting Surgeon to the Farrington General Dispensary and to the Surgical Aid Society, which he and a few friends and relatives founded in 1862. He retired from practice in 1894.

Allingham was a man of the most kindly and generous disposition, and his charm of manner was recognized by all with whom he came in contact. He was twice married, first, in 1861, to Miss Christiana Cooke, by whom he had four sons and two daughters; one of his daughters married Mr. Chevallier Taylor, the artist; the other became the wife of Mr. Claud Woakes. In 1894 Allingham married a second time; his wife predeceased him last year. Failing health for many years prevented his wintering in London. After his retirement he lived first at St. Leonards, and lately at Worthing.

Dr. ROBERT W. TAYLOR, of New York, an acknowledged authority on venereal diseases, died suddenly of heart disease complicating nephritis, from which he had suffered for several years. He was born in London in 1842, but went to the United States at an early age. He studied medicine at the New York College of Physicians and Surgeons, taking his degree in 1868. He was at one time Professor of Dermatology at the Women's Medical College, New York, and in the University of Vermont. He was Consulting Surgeon in the department of Genito-urinary Diseases to the City and Bellevue Hospitals. He was the author of *A Practical Treatise on Sexual Diseases of the Male and Female*, a third edition of which appeared in 1905.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. HUMPHRY has been co-opted a member of the Degree Committee of the Special Board for Medicine. J. S. Gardiner, M.A., of Calus College, has been reappointed Demonstrator in Animal Morphology for five years. The examinations for the Third M.B., Part II, will begin on Tuesday, April 28th.

The following have been appointed electors to professorships:—Anatomy: Dr. D. MacAlister. Medicine (Downing): Sir T. Lauder Brunton. Physiology: Dr. Gaskell. Surgery: Mr. H. H. Clutton. Pathology: Dr. Humphry.

Mr. Raymond Johnson, M.B., B.S., F.R.C.S., has been appointed an Examiner in Surgery in place of Mr. Barling, who is unable to examine.

EXAMINATIONS FOR MEDICAL AND SURGICAL DEGREES, EASTER TERM, 1908.

Third Examination.

Subject to alteration in details, of which due notice will be given, Part II—(1) Surgery, (2) Midwifery, (3) Medicine—will be held on Tuesday, April 28th; Wednesday, April 29th; and Thursday, April 30th. The oral and practical and clinical examinations will be held on Friday, May 1st; Saturday, May 2nd; Monday, May 4th; Tuesday, May 5th; Wednesday, May 6th; and Thursday, May 7th. M.C. Examination:—The written part of this examination will be held on Thursday, April 30th; the practical, clinical, and oral parts on Friday, May 1st, and Saturday, May 2nd. The names of candidates for these examinations should be sent to the Registry on or before Tuesday, April 14th. The certificates of candidates, accompanied by their postal addresses, must be sent to the Registry on or before Thursday, April 23rd. Information as to fees, etc., may be obtained on application to the Registry.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on January 22nd.

Recognition of Teachers.

The following were recognized as teachers of the University in the subjects at the medical schools indicated:

St. Bartholomew's Hospital: Dr. Christopher Addison (Anatomy). Mr. Charles Ernest West (Aural Surgery). Mr. Herbert Williamson (Midwifery and Diseases of Women).

Charing Cross Hospital: Mr. Alexander Macphail (Anatomy). St. Mary's Hospital: Dr. William Henry Willcox (Clinical Medicine).

St. George's Hospital: Dr. William Stephen Fox (Dermatology). Mr. Charles Milton Fegen (Hygiene). Mr. Thomas Seymour Tuke (Mental Diseases).

Mr. James Handcock Brinkworth was granted probationary recognition as a Teacher of Physics at St. Thomas's Hospital Medical School.

Teachers of the Preliminary and Intermediary Medical Subjects.

The Senate considered the question of the continuance of the provisional recognition hitherto accorded to teachers of the preliminary and intermediate medical subjects. In view of the abandonment of the scheme for the establishment of an Institute of Medical Sciences, it was resolved that teachers of preliminary and intermediate medical subjects hitherto provisionally recognized be accorded recognition without such condition.

Intercollegiate Courses.

It was resolved that intercollegiate courses for the session 1908-9 be arranged to fall between the dates October 8th and December 18th, January 14th and March 31st, and April 29th and June 26th, in all cases inclusive.

Amendment of Regulations.

It was resolved that the regulations for the D.Sc. degree for internal and external students be amended by the addition of the following at the end of the first complete sentence in the first complete paragraph on page 202 of the Red Book and page 275 of the Blue Book, September, 1907:

And the candidate may be required by the examiners to submit within a given period a reasoned report on a subject prescribed by them.

The regulations for the degree of M.D. in pathology were also directed to be similarly amended.

Gilchrist Studentship for Women.

The Senate will proceed shortly to the appointment to the Gilchrist Studentship for Women of the value of £100, tenable for one year, by a graduate of the University who is prepared to take a course of study in an approved institution in preparation for some profession. Further particulars can be obtained on application to the Principal, by whom applications must be received not later than February 28th.

King's College.

In the annual report of the Council of King's College it was stated that the scheme for the incorporation of the College in the University of London had reached a further stage, and the draft of the Bill had been agreed upon. The appeal for funds had been issued, and some £21,000 had been raised, including £5,000 from the Goldsmiths', the Clothworkers', and the Drapers' Companies.

UNIVERSITY OF LIVERPOOL.

At a meeting of the Senate held on January 29th Diplomas in Public Health were awarded to E. S. Jones, M.R.C.S., L.R.C.P., R. O. Mather, M.B., L.R.C.P., L.R.C.S., and J. Orr, L.R.C.P., L.R.C.S., L.F.P.S.

ROYAL UNIVERSITY OF IRELAND.

At a meeting of the Senate held on Thursday, February 6th, the following, among others, were appointed Examiners: *Medicine*.—James A. Lindsay, M.A., M.D.; Joseph F. O'Carroll, M.D.

Surgery.—Thomas Sinclair, M.D., M.Ch.

Pathology.—Edmond J. McWeeney, M.A., M.D.; A. E. Moore, M.B., B.Ch., B.A.O.; Wm. St. Clair Symmers, M.B.

Midwifery.—Sir John W. Byers, M.A., M.D., M.A.O.; Alfred J. Smith, M.B., M.Ch., M.A.O.

Medical Jurisprudence.—Patrick T. O'Sullivan, M.D.

Materia Medica.—Martin Dempsey, M.D.; Sir William Whitley, M.A., M.D.

Ophthalmology.—Arthur W. Sandford, M.D., M.Ch.; Louis Werner, M.B.

Physiology.—T. H. Milroy, M.D.

Diploma in Public Health.—Sir Charles Cameron, C.B., M.D.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on February 4th, Dr. Underhill, President, in the chair.

Introduction of Fellow.

Theodore Charles MacKenzie, F.R.C.P.E., was introduced, and took his seat as a Fellow of the College.

Admission to the Fellowship.

Patrick Hehir, M.D., M.R.C.P.E., Lansdowne, India, and Harold Sherman Ballantyne, M.B., C.M., M.R.C.P.E., Dalkeith, were admitted by ballot to the Fellowship of the College.

Admission to the Membership.

Lindsay Stephen Milne, M.B., Ch.B., Montrose, was admitted by ballot to the Membership of the College after examination.

Admission to the Licence.

The Registrar reported that since last quarterly meeting twenty-seven persons had obtained the Licence of the College by examination.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.
At the monthly business meeting of the College, held on Friday, February 7th, the following candidate was duly admitted as a Licentiate in Medicine of the College: Edward Patrick Eustace, L.R.C.S.I., L.A.H.

ROYAL COLLEGE OF SURGEONS IN IRELAND.
The annual dinner of the Council and Fellows of the Royal College of Surgeons was held in the College, St. Stephen's Green, on Saturday, February 1st. Sir H. R. Swanzy (President) occupied the chair, and in the course of his reply to the toast of "The College," mentioned that the College had now been in existence for 124 years. He referred to the work that had been done, and to the important improvements that had been effected in the school, so as to keep its equipments and capacities equal to the demands of modern teaching.

CONJOINT BOARD IN IRELAND.
FINAL PROFESSIONAL EXAMINATION.—The following candidates passed this examination in February:

P. Blake, W. H. Bomford, F. P. Byrne, T. Fehily, M. J. Glancey, R. de S. B. Herrick, P. J. Holmes, J. Humphreys, P. MacCarthy, J. V. O'Hagan, W. H. O'Riordan, J. R. Talbot.

DIPLOMA IN PUBLIC HEALTH.—The following candidates passed the examination for this diploma in February:

Martha Adams, (M.B.Glasg.); R. Muschamp, L.R.C.P. and S.Edin.; J. J. Scanlan, L.R.C.P. and S.Edin.

APOTHECARIES' HALL OF IRELAND.
At a special meeting of the court held on Monday, February 3rd, the following candidates, having passed the necessary examinations, were admitted Licentiates in Medicine, Surgery, Midwifery, and Pharmacy of the Apothecaries' Hall of Ireland: Synott Valentine O'Connor, John Hargreaves Robinson.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

FOOT AND MOUTH DISEASE IN EDINBURGH.
A SERIOUS and somewhat alarming outbreak of foot and mouth disease was found to have occurred in the city of Edinburgh towards the end of last week. In a dairy farm consisting of 110 cows and 1 calf, fully one-fourth of the animals were suffering from this malady. Prompt and energetic measures were taken to limit and deal with the situation. The Board of Agriculture sent down their chief veterinary adviser along with a staff of assistants. The local authority, the medical officer of health, and the chief sanitary officer for Edinburgh held consultations with the representatives of the London Board, and the result was isolation of the affected herd, the proscribing of various suspected areas in the county of Midlothian and neighbouring counties, forbidding movement of animals into or out of these prescribed areas, closure of the slaughterhouses, and the decision to slaughter the whole herd of 111 animals, as well as 81 cows in a closely-contiguous dairy.

Of the animals in the dairy in which the disease appeared it was found that 30 were suffering from signs of foot and mouth disease. These were slaughtered on the spot and buried in lime pits. The rest of the herd was sent to the slaughterhouse after careful inspection by the various veterinary authorities, and after inspection of the carcasses those that were fit for human food were allowed to be sold to butchers. The byres, the dung, the foodstuffs, the other domestic animals in and about the byres, such as fowls, cats, dogs, etc., will now be dealt with. The manure removed from the byres has been traced, and means taken to prevent contagion from that source; straw, hay, and foodstuffs will be destroyed. So far as any feasible theory of the outbreak has yet been formulated it would appear that hay from Rotterdam was the cause. Since the destruction of the infected and suspected animals there has been a relaxation of the drastic precautionary measures adopted by the Board of Agriculture.

The owner of the infected herd will have to be compensated to the extent of something like £4,000.

THE PLAGUE.

PREVALENCE OF THE DISEASE. INDIA.

DURING the weeks ended December 21st and 28th, 1907, and January 4th and 11th, the deaths from plague in India numbered 2,602, 2,741, 2,618, and 2,823 respectively. The mortality during the four weeks occurred as follows: Bombay Presidency, 1,002, 832, 858, and 745; Bengal, 238, 220, 354, and 336; United Provinces, 303, 327, 511, and 530; Punjab, 283, 259, 211, and 221; Rajputana, 257, 128, 84, and 72; Central Provinces,

128, 110, 262, and 112; Madras Presidency, 98, 96, 138, and 114; Mysore State, 304, 363, 404, and 472; Burma, 115, 126, 116, and 120. Plague during the week ended January 4th caused 14 deaths in the North-West Frontier Province, and during the week ended January 11th there were 370 deaths from the disease in Hyderabad State.

SOUTH AFRICA.

No cases of plague were reported between October 21st, 1907, and January 11th, 1908. Rats and mice continued to be found plague-infected up to January 11th.

AUSTRALIA. Queensland.

Brisbane.—No case of plague has occurred in Brisbane between July 26th and December 14th, 1907.

Cairns.—A case of plague occurred at Cairns during the week ended November 30th, and proved fatal. The patient came from Green Island, some distance from Cairns. No evidence of rats being infected with plague were found in Cairns or in Green Island at the time.

GOLD COAST, WEST AFRICA.

From January 11th to 31st the daily deaths from plague have been as follows:—10, 2, 1, 2, 2, 6, 4, 1, 4, 6, 2, 2, 4, 3, 1, 0, 0, 2, 0, 2, 3—equal 57 deaths since the outbreak was first reported on January 11th. On January 31st there were 14 cases of plague under treatment in the plague hospital. Thirty-two persons were at the same date isolated owing to their being in contact with plague patients.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

INDIAN HOSPITAL ASSISTANTS.

ON sundry occasions during the past decade, and more particularly in May, 1905, and December, 1906, we have drawn attention to the position of hospital assistants in India, and to the feeling among them as to their position and prospects. It seemed, and still seems to us, that the discontent which we noted was well founded, and that these men, without whose assistance the general medical work of the Government of India, not less than that of the hospitals, would be absolutely paralysed, deserved and should receive greater consideration than has so far been shown by the authorities. This class of medical workers has been in existence now for over half a century; it is a service which became evolved from the necessity of having a large number of subordinates to assist in the hospitals as dressers and compounders, but little by little the duties of its members have become more numerous and responsible. There has been an corresponding improvement in the machinery provided for their education, and a good many years ago examinations were imposed and no candidate for the service admitted who had not undergone a three years' course of instruction in a medical school. Such examinations covered, and still cover, general, medical, surgical, sanitary, and medico-legal knowledge, and recently the tests imposed have been increased in severity. There is now a preliminary examination in general knowledge, and the course of the training has been extended to four years. Their general title still remains that of "hospital assistants," but this is to some extent a misnomer, since men belonging to this class are to be found wherever Government medical work of any kind is in progress, and not infrequently they occupy positions in which their work is done subject only to merely nominal supervision and control. In spite of these facts their pay and prospects remain precisely what they were fifty years ago. The former begins at 25 rupees a month, and the highest scale of pay they can hope to obtain, after obtaining promotion at least three times, is 70 rupees. Moreover, the passage from one grade to another involves further examination. Neither in the case of the junior nor in that of the senior employees of this service do the positions and prospects compare favourably with those of native officials in other departments of the Government service, and they are notably inferior to those of the police, the exchequer, the prison, the public works, and the veterinary departments. The tendency is for the expenses of living in India to increase in such ways as to affect those whose mode of life is still Eastern in its general character, and within recent years most Government departments have been reorganized and employees put upon a better footing as regards pay. The time has certainly come when the same step should be taken with regard to the hospital assistants. Those who work in the province of Bengal submitted last year a petition to Government on the subject, which may be regarded as on the whole free from exaggeration of statement. It contains a number of suggestions as to the ways in which the position and prospects of men belonging to the service might reasonably be improved, and the many existing anomalies and the invidious distinction made between them and other of the employees of Government minimized. It seems to us that it should meet with the sympathetic consideration of the Inspector-General of Hospitals, and that some, at least, of the contained requests should be granted, if it is desired that this subordinate but important branch of the Government service should continue to enjoy the popularity won by it in the past.