

has not had any cases in animals which could have had any bearing on the causation.

The mother of Case IV took the child inside the house in which Case III was lying ill, but did not enter the bedroom. This was three days before her own child was attacked. Although Cases VI and VII reside a mile away, the grandfather lives in the village, and visits them once a week. I am assured, however, that he had not been in contact with the other cases. This is the only evidence of direct contact which I have been able to obtain, while, on the other hand, the five children attacked in the village were in separate houses, and no second cases occurred in these, although there were other children in each. As regards the two children who were attacked in the same house, the circumstances suggest a common source of infection rather than contact from one to the other. Neither were the children of their immediate neighbours affected, although isolation was not attempted, and communication was as free as usual. With the exception of the child who commenced with measles, I could get no history of nasal or pharyngeal catarrh, and only two had diarrhoea previously. It is noteworthy that, in spite of the character of the season, the village of Whittington was almost free from summer diarrhoea.

The only factor which appeared to be common to all was the plague of flies and wasps.

None of the cases proved fatal, and, although more or less paralysis remains, each case is still slowly improving.

A CASE OF POISONING BY OIL OF MIRBANE (NITRO-BENZOL).

By C. W. HOGARTH, L.R.C.P., M.R.C.S.,
ASSISTANT SCHOOL MEDICAL OFFICER, L.C.C.

OIL of mirbane, known also as essence of mirbane—sometimes spelt "myrbane"—is a clear, bright yellow fluid, with a penetrating aromatic odour of an almond-like character. Caspar,¹ who first described it, says it is used in soap perfumery, but it seems nowadays to be used in the manufacture of blacking, and its peculiar odour is perceived on opening a fresh tin of shoe-blackening. Its specific gravity is 1180 to 1200. It is the product of the action of strong nitric acid on benzene.

W. Blythe quotes Jubell,² "that up to 1876, from the time of the discovery of the compound and its commercial use, 42 cases of poisoning were recorded, 13 of which proved fatal, one being suicidal and the rest accidental."

Caspar³ says the body, long after death, retains the strong odour of bitter almonds; whereas, in poisoning by prussic acid, the body soon loses the characteristic odour. The blood is dark and fluid, and it gives the spectrum of acid haematin.⁴

CASE.

Shortly after 11 p.m. I was asked by a woman to go at once and see her husband, who had taken poison. I could not gather its nature, so I took an emergency case with me. On entering the bedroom one perceived a peculiar odour of an almond-like character.

The patient was lying on his back in bed; the eyelids were open, and there was a slow nystagmus to the right. I was immediately struck with the purple colour of the lips—just, as one writer has described it, as if the lips were stained with blackberry juice. The skin was dusky in hue, the conjunctivae insensitive, and the pupils dilated. The limbs were relaxed. The breathing was somewhat embarrassed, the pulse could only just be detected; on auscultation the heart beats could be heard faintly, and the rhythm was irregular. The patient vomited once whilst I was in the room; the vomit had the same odour as the room.

The following history was obtained: The man had had toothache the previous night, and on the advice of a fellow-workman had obtained some oil of mirbane at his works and applied it on cotton-wool to his teeth. Next morning he had felt drowsy, and had not felt fit to go to work. Later in the evening he got worse, and about 10 p.m. he became unconscious. Inasmuch as he had vomited and the poison had been absorbed it did not seem much use giving an emetic, so I ordered more blankets (the limbs were cold) and hot-water bottles to be applied, and gave the man 0.20 gram of caffeine hypodermically. At this time another medical man arrived (he was seen subsequently by still another). I saw him again at 1.30 a.m.; his condition had been improved slightly.

Next morning he was conscious, but his lips were blue, and there was still the persistent odour, exhaled from his body, filling the room. He made an uneventful recovery; the dusky complexion gave way to one of good colour and the pulse

became bounding. Nothing more was done beyond the ordering of the exhibition of plenty of fluid. I regret I did not examine the blood.

The points that struck me most were that this was not an ordinary want of oxygen blueness, for the breathing was not embarrassed to any marked extent, but that some profound blood change had taken place, as to the nature of which there are many speculations. It is said that the blood loses its power of oxygen carrying, and that the carbonic dioxide content is increased, but in view of the respiration this does not seem satisfactory. The sudden onset of the unconscious condition is to be noted; it came with the suddenness of cerebral haemorrhage, some hours after the nitro-benzol had been taken.

An artificial benz-aldehyde, not by any means so toxic, is now used in perfumery.

REFERENCES.

¹ Caspar's *Forensic Medicine*, vol. ii, p. 50 et seq. ² *Die Vergiftungen mit Blausäure v. Nitro-benzol in forensischer Beziehung*, Erlangen, 1876; W. Blythe, *Poisons*, v, 4th edition. ³ Caspar's *Forensic Medicine*, vol. ii, p. 50 et seq. ⁴ Filchner, Ueber die Giftwirkungen des Nitrobenzols, *Arch. für exper. Pathol. u. Pharm.*, ix, p. 329.

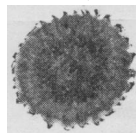
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN UNUSUAL URINARY DEPOSIT OF CALCIUM CARBONATE.

I WAS much interested in Dr. W. Herbert Brown's communication in the *BRITISH MEDICAL JOURNAL*, January 6th (p. 9), because, though I have never met with a similar deposit during the microscopical examination of urine obtained in the ordinary way, I have found that a similar deposit is not rare in the contents of cysts of the renal cortex, when those contents have become more or less turbid and inspissated.

Dr. Brown's patient was a man, aged 65, suffering apparently from chronic interstitial nephritis, and it is therefore extremely probable that his kidneys contained cortical cysts, the contents of some of which may have been more or less turbid owing to a process of gradual inspissation. The inspissated contents of one or more of such cysts may have found their way into the urinary



tubules, and may thus have been discharged with the urine, giving rise to the unusual urinary deposit discovered by Dr. Brown.

The crystalline bodies in renal cysts, similar to those in the urine described by Dr. Brown, were circular or oval, as seen under the microscope, varying in size from three times the size of a leucocyte to much larger. They showed lines radiating outwards from the centre, and seemed to be enveloped by a clearer outer membrane; sometimes there were three or four concentric circular markings in addition to the radiating striation. They took on the ordinary blue stain with methylene blue. In August, 1895, I noted that these bodies were possibly crystals of calcium carbonate, deposited in an albuminous medium, but I am afraid that I neglected to prove them to be so. On pressure with the cover-slip, they broke up, and doubtless were really spherical (not flat, circular) bodies, having a structure exactly similar to the balls of iron pyrites, which one may pick up any day on the beach of the "Warren" at Folkestone. I here figure drawings of some of the bodies (one of them showing the outer, membrane-like, layer partially detached) which I found in the turbid contents of renal cysts about 1895. I had previously noticed the presence of similar bodies on examining the contents of renal cysts when I was a student, or a member of the resident staff at St. Bartholomew's Hospital. I believe that bodies with a similar appearance have been described as leucine, deposited in globular masses, with concentrically thickened walls and fissured surfaces. Possibly some of the bodies,

supposed to have been leucine, and seen in artificially concentrated urines, were really not leucine at all, but globular crystal formations of calcium carbonate, deposited in an albuminous medium.

London, W.

F. PARKES WEBER.

A VACCINE TREATMENT OF HYDROCELE.

WHEN investigating the contents of hydroceles for the presence of germs, I found the contents sterile as a rule (I examined 40 cases), but on one occasion met with an organism which on cultivation proved to be the *Bacillus pyocyaneus*. A vaccine (sterile) containing 25 million of *B. pyocyaneus* was then prepared and injected into the tunica vaginalis (after this had been tapped and evacuated) of the patient in whom the organism in question had been isolated. The injection produced a severe inflammation which lasted seven days, and during this time the scrotum refilled, and its circumference became 2 inches larger than before tapping, while the patient's temperature varied between 101° and 103° F. On cessation of the inflammation the circumference of the scrotum returned to 20 inches. Matters remained in this condition for nearly a month, and for this period it appeared as if the severe inflammation had produced no beneficial effects whatever. Then, however, the swelling gradually decreased, and in two months' time the circumference of the scrotum was reduced to 5 inches and the hydrocele completely cured. This was a year ago, and the man still remains free from his former complaint, although it had previously existed for ten years, and his hydrocele had been tapped more than a dozen times.

Encouraged by the success of this experiment, I then introduced vaccine containing 5 to 10 million of *B. pyocyaneus* or *Staphylococcus pyogenes aureus* into a dozen cases; in some cases the vaccine was introduced after tapping, and in others without tapping. Generally the results obtained were remarkable, the sequence of events in the hydrocele cases being usually identical with those recorded in connexion with the case here described.

I cannot do better than illustrate my remarks by putting a few cases in tabulated form. In 2 cases I had failures because the amount of vaccine was, I think, too small. I have tried this method in a case of ascites with good results, and think it might prove useful in cases of pleurisy.

Results of Hydrocele Cases Treated with Vaccine.

Cas.	Date.	Age.	Duration of Disease.	Number of Times Tapped Before.	Circumference of Scrotum.	Tapped or not Tapped during Treatment.	Quantity of Fluid Removed.	Results.
1	9.1.11	45	years 12	6	in. 20	Yes	oz. 20	Circumference reduced to 5 inches. Cured 24.2.11.
2	2.3.11	35	3	3	30	Yes	41	Reduced to 6 inches, 25.4.11.
3	12.3.11	38	7	—	12	No	—	Reduced to 5 inches, 10.5.11.
4	15.3.11	22	2	2	13	No	—	Reduced to 5 inches, 7.5.11.
5	20.3.11	25	2	—	10	No	—	Reduced to 5 inches, 28.4.11.
6	4.4.11	30	6	12	43	Yes	56	Double hydrocele. Reduced to 6 inches, 2.6.11.

S. MALLANNAH, M.D.Ed.,
Bacteriologist to the Government of
H.H. the Nizam of Hyderabad.

DR. L. S. NORMAN and Dr. C. Franks have been appointed to the Commission of the Peace for Jarrow.

In a booklet descriptive of the new operating block opened a short time ago at the North Riding Infirmary, Middlesbrough, the secretary-superintendent of the institution, Mr. Charles Postgate, provides a very clear account of its various arrangements, illustrating them by some excellent photographs. The outstanding feature is the proximity of the operating theatre, sterilizing department, surgeon's room, anteroom, anaesthetic room, and x-ray room, and the completeness with which all these are separated from the rest of the building.

Reports of Societies.

ROYAL SOCIETY OF MEDICINE.

OTOLOGICAL SECTION.

Friday, January 19th, 1912.

Dr. MILLIGAN, President, in the Chair.

Treatment of Orogenic Brain Abscess.

THE Section debated, together with the Neurological Section, the question of the factors which conduce to success in the treatment of otogenic brain abscess.

Sir VICTOR HORSLEY, who opened the discussion, dealt with the clinical features of brain abscess, and showed patients recently operated upon, as well as a number of slides by means of the epidiascope. He said it would be agreed that the chief factor conducing to success was early detection of the abscess and its correct localization. He showed two patients on whom he had recently operated. In each of those patients it was quite obvious that the process was continuous, from the primary infection of the ear to the development of the abscess. Often a case of otitis media, especially if it had been treated by mastoid operation, was regarded as well when it really was not well. The child shown had the mastoid operation performed in Wales, and appeared to be well; still it must have had symptoms at that time, which were obvious on arrival at the hospital in London. Chronic otitis cases should be regarded from two standpoints—the bacteriological and the neurological. Blood counts and opsonic tests should be made and clinical records taken at regular intervals; the discovery of an abscess, or an outburst of meningitis could thus be anticipated. With regard to the neurological aspect, many years ago Sir Russell Reynolds pointed out that in cases of otitis media chronica, the reflexes were not normal and the reflexes on the side opposite to the head lesion were altered. That point was not a new one, and he would like to hear the experience of others on the point. He urged more frequent bone operations, because in the adult these abscesses were due to prolonged infection of bone, and that meant that the surgeon had not been sufficiently industrious in scraping away the disease. The chief difficulty in the early detection of cerebral abscess in most cases was not being able to distinguish between abscess and meningitis; indeed, sometimes those conditions were combined. There were four or five cardinal symptoms to which he drew attention. He believed that by pulse alone one could distinguish between the two conditions. In meningitis the rate and force of the pulse would always exhibit an irregularity not met with in brain abscess, unless the latter were highly complicated. In contrast to the irregular and small pulse of the case of meningitis was the regular full pulse associated with abscess. He did not suggest that the abscess pulse was a mere compression pulse, but that it was due to a difference in the affection of the cardiac nervous apparatus. An abscess was a localized lesion not directly affecting the roots of the vagus. Temperature had a special significance. He did not know of a case of meningitis simulating abscess with a low temperature. The meaning of depression of temperature pointed out by Sir Samuel Wilks in brain abscess was not yet sufficiently recognized by the profession. In cerebral abscess the real difficulty was to know whether the abscess was single or multiple. The heat-regulating centres were probably in the pre-central gyrus, and if a lesion were in the coronal plane through the Rolandic area, there would be a rise of temperature on the opposite side of the body. But if the lesion were posterior to that plane there would be no rise of temperature, nor if it were anterior to that plane. If the lesion were in the cerebellum, there would not be a rise of temperature then on the opposite side, nor even on the homolateral side. With regard to motor loss, as the base of the brain rested on the rigid skull and the pus collected in the temporal lobe in cerebral abscess, there was a graded hemiplegia, the face being most involved, then the arm, then the trunk, and lastly the leg. Of the two Rolandic gyri, the posterior was more sensory in function than the anterior. If there were a pressure lesion of one hemisphere, the pressure told on the Rolandic area. If it were posterior to the coronal

condition of his health determined him to leave Dewsbury, and he settled at Faversham. Dr. Garrett had for thirty years taken a great interest in ambulance work, and from 1902 to 1906 was Honorary Surgeon and Superintendent of the Dewsbury Division of the St. John Ambulance Brigade, and was one of the examining officers for Yorkshire. In 1900 he was made an honorary life member of the St. John Ambulance Association in recognition of his able and valuable services as lecturer. After settling at Faversham he became Honorary Surgeon and Superintendent of the local ambulance brigade, and later on was appointed Commandant of the Voluntary Aid Detachment. He possessed the long-service medal, and was an Honorary Serving Brother of the Order of St. John of Jerusalem. He was Surgeon to the Faversham Cottage Hospital, and a member of the British Medical Association, and of the Leeds and West Riding Medico-Chirurgical Society. The funeral took place on January 20th, the first portion of the service being held in the parish church. The coffin was carried by members of the Faversham Division of the St. John Ambulance Brigade, and the funeral was attended by representatives of the Faversham, Boughton, and Doddington Brigades. There was a large attendance at the funeral, including many members of the medical profession.

The Services.

INDIAN MEDICAL SERVICE.

Reduced Railway Fares.

SOME time ago a correspondent in India called our attention to a paragraph which had appeared in the *Civil and Military Gazette*, stating that the Government of India had ruled that the concession under Form "E" certificate to regimental captains and subalterns, notified in India Army Order No. 162, 1911, did not apply to officers of the Royal Army Medical Corps or the Indian Medical Service, even though the latter are actually posted to regiments. Form "E" is one used by military officers in India when travelling on duty by rail. On it they obtain first class tickets at second class rates for cash payments, recovering the amount of one and a half first class fares by travelling allowance bill.

In April last regimental captains and lieutenants were authorized to avail themselves of Form "E" when travelling at their own expense (*not on duty*) on State railways. It thus comes about that any regimental captain or subaltern, when not on duty, or when going on leave at any time, can use Form "E," and can travel first class for second class fares on State railways, whereas the medical officer of the same regiment, when a captain or lieutenant, has to pay the full fare. The matter was brought to the notice of the India Office by the Chairman of the Naval and Military Committee of the British Medical Association, and the question was, we understand, referred to the Government of India. A notification has now been received from the India Office to the effect that the suggestion that the extension of the travelling concession to captains and subalterns of the Indian Medical Service has been considered by the Government of India, but that it is not prepared to move in the matter at present. It may be pointed out that this refusal to treat Indian Medical Service officers on the same basis as their fellow regimental officers of the same rank applies also to the officers of the Royal Army Medical Corps; it is one of the discriminations to the disadvantage of medical officers shown by the Government of India, and we hope that the decision may be reconsidered. We are in a position to state that the matter will not be lost sight of.

We understand, though it is not a matter which concerns us, that the senior regimental officers, the lieutenant-colonels, and majors are also discontented with the order in question. For the sight may be seen of the senior officers travelling second class at their own expense, when not on duty, while the junior officers can enjoy the luxury of first class at the same cost to their pockets. Truly, "boons" in India have curious results.

FIRST SOUTH MIDLAND FIELD AMBULANCE.

LIEUTENANT-COLONEL C. HOWKINS presided on January 20th at the annual dinner of the 1st South Midland Field Ambulance, held at the Great Western Hotel, Birmingham. Supporting him were Captain W. McCall, Captain W. Sturrock, Captain G. H. Daves, Lieutenant Boeddicker, and Lieutenant W. H. Kimpton, officers of the Ambulance. Among the guests were Colonel W. O. Whitcombe, Colonel W. R. Ludlow, Lieutenant-Colonel J. F. Lister, Major W. H. Stephen, Major Robertson, Major Kaufmann, and Major C. Crosskey.

Lieutenant-Colonel Lister, in proposing the toast of "The Ambulance," expressed his pleasure that the Royal Army Medical Corps were at last to go to Great Brook Street to share the quarters with the Electrical Engineers. With such excellent head quarters the 1st Field Ambulance would have no difficulty in maintaining their full strength.

Lieutenant-Colonel Howkins, in responding, said that the Great Brook Street Barracks should prove most excellent head

quarters. The barracks contained a riding school, and arrangements were in hand to purchase horses for the use of the ambulance. A large drill hall would be very shortly erected, and every effort made to render the place attractive. Colonel Howkins also said that it was hoped that in the near future a full military band would be formed, and this, he was sure, would prove a great inducement for men to join the Royal Army Medical Corps (Territorial). He also stated that he hoped the men whose engagements expired soon would re-engage, particularly the non-commissioned officers, and that all ranks would do their best to keep the unit up to the high standard of efficiency and establishment it now had.

Lieutenant W. H. Kimpton proposed the toast of "The Visitors" in a humorous speech, to which Colonel W. R. Ludlow responded.

LAWS AND CUSTOMS AS TO SICK AND WOUNDED.

TERRITORIAL MEDICAL OFFICER would be glad to know which books to read to enable him to study "The Laws and Customs of War on Land so far as they relate to the Sick and Wounded," this being one of the subjects for examination of Majors before promotion to Lieutenant-Colonel. The Territorial Regulations, 1910, recommend *Manual of Military Law*, chapter xiv; but this is quite insufficient to answer the questions set at the examination held in December, 1911.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following degrees have been conferred:

M.B., B.C.—G. V. Fiddison.

M.B.—W. M. Penny, W. B. Wood.

B.C.—L. A. P. Anderson, G. G. Johnstone, A. C. Jepson, J. C. Markton, R. L. Rawlinson, H. B. G. Russell.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE.

Preliminary Science Classes.

THE introductory course in chemistry, physics, and biology for medical students held at University College will begin on Friday, March 1st, instead of, as hitherto, at the beginning of the third term in May. Full particulars may be obtained from the Secretary of University College.

LONDON SCHOOL OF TROPICAL MEDICINE.

Up to January 19th, 63 students have entered for the present session (January-April). The entries are classified as follows: For the general course, 50; for advanced course in entomology, helminthology, and protozoology, 13.

CONJOINT BOARD IN ENGLAND.

At the examination (*Part IV, Practical Pharmacy*) held in January the following candidates were approved by the examiners:

FIRST EXAMINATION.—G. W. M. Andrew, L. D. Cohen, A. B. Danby, W. E. S. Digby, G. E. Dyas, W. K. Fry, N. Grellier, H. J. Hoby, J. E. T. Jones, A. W. Matthew, E. J. Nangle, L. R. Pickett, A. S. Plant, F. P. Pocock, P. Roux, A. H. Samy, A. S. Seabrooke, P. Ward, C. A. Webster, C. A. Weller, S. Wickenden.

SOCIETY OF APOTHECARIES OF LONDON.

At the examination held in January the following candidates were approved:

SURGERY.—H. St. C. Colson (Sections I and II), J. F. O'Connell (Sections I and II), F. C. Shone (Sections I and II), W. H. Vincent (Section I and II).

MEDICINE.—H. St. C. Colson (Sections I and II), E. B. Keen (Section I), J. F. O'Connell (Sections I and II), C. B. Welsby (Section I).

FORENSIC MEDICINE.—H. St. C. Colson, R. J. M. E. Le Dentu, J. F. O'Connell, H. Willis.

MIDWIFERY.—H. St. C. Colson, M. P. Dos Santos, J. F. O'Connell, C. G. Waddington, H. Willis.

Diploma.

The diploma of the society was granted to the following candidates, entitling them to practise medicine, surgery, and midwifery:

H. St. C. Colson, J. F. O'Connell, F. C. Shone, W. H. Vincent.

DR. MARY STRANGMAN, Honorary Physician to the Maternity Hospital and Burshall Asylum, Waterford, was elected a member of the Waterford Corporation at the annual municipal elections. Dr. Strangman is the first woman to become a member of the Corporation.

THE London All-Indian Moslem League has collected, mainly among the Moslems of India, a sum of nearly £2,400 for the British Red Crescent Society. It is about to send from London, via Marseilles, a Red Crescent Corps, consisting of two doctors, a dresser, a dispenser, and two male nurses, with equipment and stores for a small field hospital, for the relief of sick and wounded Ottoman combatants in Tripoli.

Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee, except when so stated.

PROFESSIONAL SECRECY.

DEVANHA.—(1) The duty of a medical examiner is usually and properly limited to giving an opinion as to fitness or otherwise, and it would be a breach of professional secrecy if he were to reveal to a lay committee such prejudicial facts as those alluded to; he should note them in his private case-book, but not include them in the report. (2) Whether he should appear in a cinematographic film to be exhibited to the British public presumably in lectures forming part of the campaign against tuberculosis is not of much importance. If he objects he will doubtless not be pressed, or he can stand so that his face is mainly hidden, or he can be represented by a lay understudy.

Public Health

AND

POOR LAW MEDICAL SERVICES.

VITAL STATISTICS IN ENGLAND AND WALES (1911). WE are indebted to the Registrar-General for the following statement showing the birth- and death-rates and the rate of infantile mortality in England and Wales, and in certain parts of the country during the year 1911. During the past year aggregate death-rates from the principal epidemic diseases have not been calculated; they are not, therefore, included in the table. On the other hand, figures relating to London have been inserted in the table.

ENGLAND AND WALES.

Birth-rates and Death-rates in the Year 1911 (Provisional Figures).

	Annual Rates per 1,000 Living.			Deaths under One Year to 1,000 Births.
	Births.	Deaths.		
		Crude.	Corrected. ^a	
England and Wales...	24.4	14.6	14.6	130
77 great towns in- cluding London	25.6	15.5	16.4	140
136 smaller towns ...	23.4	13.8	14.4	133
England and Wales, less the 213 towns	23.4	13.9	13.1	118
London	25.0	15.0	15.8	128

* The corrected death-rates are the rates which would have been recorded had the age and sex constitution of the populations of the several areas been identical with that of England and Wales as enumerated in 1901.

Medical News.

THE anniversary dinner of the Medical Society of London will be held at the Whitehall Rooms, Hôtel Métropole, on Wednesday, March 6th.

THE electro-medical business of Messrs. Newton and Co. will in future be carried on by the firm of Newton and Wright at 72, Wigmore Street, London, W.

WE are informed by the Jeyes' Sanitary Compounds Company Ltd., 64, Cannon Street, E.C., that Dr. E. Klein, M.D., F.R.S., has accepted the appointment of Scientific Adviser to the Company.

THE King has granted to Dr. Charles Todd of the Public Health Department, Cairo, authority to accept and wear the Imperial Order of the Medjidieh of the Third Class, conferred upon him by the Khedive of Egypt in recognition of valuable services rendered by him.

A REUTER'S dispatch announces that a telegram has been received from Yambang, in the Abor country, stating that a cairn with an inscription stone was erected on January 24th at the spot on the banks of the Dihong river where Dr. Gregorson and his party were murdered by Abors last March.

THE arrival of the Orient liner *Otway*, the first steamer of that line to visit Toulon, thus establishing a sea route

to the Riviera, was attended by some ceremony. The houses on the quay were decorated, and the Maritime Prefect, the Prefect of the Var, the Mayor of Toulon, and other officials were present. Speeches were delivered and toasts to the British Royal family and the President of the French Republic were drunk.

A CONFERENCE of representatives of 42 states, convened last November by the Office International d'Hygiène Publique has been sitting in Paris under the presidency of M. Camille Barrère, the French Ambassador in Rome. A new convention has now been signed by all the states represented making regulations with regard especially to plague, cholera, and yellow fever, supplementing the Paris convention of 1903.

THE ordinance for the institution of degrees in veterinary science promoted by the University of Edinburgh has received the sanction of the Crown, and will come into force at the beginning of the next summer session. The university is empowered by it to confer the degrees of B.Sc. and D.Sc. in veterinary science. It has been determined to erect new buildings for the Royal Dick Veterinary College, Edinburgh, and this alteration will no doubt contribute to make Edinburgh an important seat of veterinary education.

AT a recent inquest in Southwark the foreman of the jury complained that the present mortuary was "absolutely dangerous." The coroner, Dr. Waldo, expressed his agreement, as did Dr. Massie, formerly a councillor of the borough, who said he had to carry out *post-mortem* examinations with a tank weighing about a ton over his head, resting on a wall full of cracks. It appears that urgent complaints have been made for several years to the Public Health Committee, but the borough council has done nothing. We understand that there would be no difficulty in erecting a suitable mortuary immediately adjoining the coroner's court, which at present is half a mile from the mortuary. It seems quite clear that the borough council is under an obligation to take early steps to remedy the present dangerous and insanitary state of things, and that if it does not, it may presently claim the unenviable distinction of having not only a hidden cathedral but a buried pathologist.

THE monthly meeting of the Eugenics Education Society, at which Major Leonard Darwin presided, was held at the Grafton Galleries on January 18th, when an interesting discussion on the desirability of instructing children in matters of sexual hygiene was opened by the Rev. Mabel Irwin, of the American Society for Moral and Social Prophylaxis. Mrs. Irwin, who read a paper on American methods of introducing eugenic ideas into elementary schools, remarked that the introduction of eugenic teaching into the schools of any country had been and still was a work requiring almost superhuman efforts; and, though instruction in sex hygiene had been made compulsory in public schools of one of the Western States, and experiments were being made in the elementary schools of Chicago, they possessed as yet no satisfactory data as regards the results. The first and greatest of all difficulties was the attitude of the mothers, who would neither teach their children themselves nor allow others to instruct them in the pure facts of biology; and the first duty of the eugenists, therefore, was to overcome this opposition by teaching the parents the vital importance of proper instruction on matters of sex. For this purpose, classes for mothers were being organized in connexion with many American schools, where the mothers might learn from fully trained and qualified teachers how they themselves should instruct their little ones in the great mysteries of life's beginnings. Children, continued Mrs. Irwin, should be taught such things when they were very young, since experience had proved that the most irreparable mischief was usually done during the earliest years of life. More-over boys and girls should receive exactly the same training in sexual matters; for in America it was beginning to be understood that a healthy race and a pure family life were alike impossible without chastity on both sides. The double standard of morality for men and women had received its death blow in America. In conclusion, Mrs. Irwin remarked that the future looked bright for eugenists in America. The United States already possessed fifty eugenic societies, and the gradual awakening of the American public to the truth of their teaching was strikingly testified by the success of a vast health exhibition recently held for the purpose of proving the dangers of an immoral life, an exhibition which would have been absolutely impossible in America even five years ago. An animated discussion followed Mrs. Irwin's speech, in which Mr. Cecil Chapman, the metropolitan magistrate, took a prominent part.