

Personally I feel sure that neglect of the ordinary precautions of sterilizing milk is due to ignorance more than anything else. The laws of this country in respect to the milk supply are extremely lax, and it is scarcely reasonable to expect that those engaged in a trade which is partially controlled by law will do more than the law demands. There can be little doubt that in young children where milk is the chief article of food, infected milk is responsible for the greater part of the dissemination of tuberculosis.

Under existing conditions, therefore, it is imperative that the milk used in the feeding of infants and young children should be sterilized. Such sterilization can easily be carried out by pasteurization, or more certainly by boiling.

The experience of those authorities who advocate the use of sterilized milk in the feeding of infants proves that the associated risks are negligible and can readily be counteracted. On the other hand, the danger of infection from unsterilized milk is real, and the result of such infection is ineradicable.

In order to introduce this precaution into the countryside, it would be necessary to circularize the inhabitants, and this might well be done by sending out leaflets to the parents on the registration of the birth of a child, indicating the dangers of infection, the results which may happen after such infection, and the ease with which precautions to prevent infection can be adopted. This duty would necessarily fall on the medical officer of health.

Memoranda :

MEDICAL, SURGICAL, OBSTETRICAL.

ADRENALIN IN ASTHMA.

A Personal Experience.

THE effects of subcutaneous injections of adrenalin have recently been discussed in a number of papers and letters in the JOURNAL and elsewhere. From a considerable personal experience I have come to the conclusion that the dose generally used for asthmatic attacks is much greater than is necessary. The first dose I ever gave myself, about two years ago, was 3 minims of 1 in 1,000 solution of adrenalin chloride. The relief of the asthma was almost instantaneous, but I felt extremely ill for some minutes, my hands shook so much that I could hardly put the syringe away, and my pulse became very rapid. Since that date I have given myself a large number of injections, but never more than 2 minims, and rarely more than one; for slight attacks half a minim has been sufficient. With these small doses the only effect I ever experience is relief of the asthma, and this is invariable. No attack has kept me awake for longer than five minutes, except on one occasion on which I broke the syringe, and was consequently awake all night. My pulse is hardly accelerated, and I do not feel the slightest discomfort. The relief is so rapid that I fall asleep within a minute or two of putting the syringe back into its case. Small doses of this kind have the further advantage that they are unlikely to have any permanent ill effect, such as the production of atheroma. Even if three or four doses are required in twenty-four hours, which is most unusual, the total amount injected is less than is commonly recommended for a single injection.

I may add that, so far as my experience goes, similar small doses have generally proved effective in other patients.

London, W.

ARTHUR F. HERTZ, M.D.

PREGNANCY WITH IMPERFORATE HYMEN.

ON March 16th I was called to attend a primipara aged 32, two years married. On examination, my finger passed through a closely constricting orifice about $2\frac{1}{2}$ in. up the vagina before coming in contact with the fetal head. A sort of pouch could be hooked out by the finger, and was found to consist of a toughish membrane with an aperture at its centre. Coitus, I take it, had evidently stretched the hymen into a miniature vagina through the orifice at the top of which my patient had become impregnated.

Labour was quite normal in other respects, and no difficulty was found in lacerating the hymen when the fetal head was on perineum. This is the second case precisely similar I have had during the last twelve months. I have seen no others in twenty-five years' midwifery experience.

Birmingham.

NORRIS D. BEST, M.R.C.S.

AN UNUSUAL CASE OF ANKYLOSTOMA INFECTION.

THE patient, a middle-aged Englishwoman, was first seen on October 17th, 1913, when she complained of intense itching in various parts of her body; it was most intolerable when on the hands and feet. This itching, which spared no part of the body, was always intense in the afternoon, lasting a few hours, then passing off. She looked white and ill, and had a furred tongue, but no rise of temperature. She complained, not only of want of appetite, but of severe pains in the epigastric region. Her history was that she had been some years in Cairo and had come back from England with her husband, who had leave, arriving on June 11th. On August 29th she felt very ill, having attacks of stomach pain, sickness, and diarrhoea of an intermittent kind. She could not eat and lost several stones in weight. Shortly afterwards, the itching came on daily in bouts which compelled her to scratch and rub the places till, as she said, "she got something out," when the itching stopped. I gave alkalis, bromides, and salicylates without benefit. One day, a week later, she brought a grown-up daughter with her, who described how she had seen on her mother's finger-tips a sharp needle-like object push its way through the skin at the point of itching. I asked them to bring me some if they could. A day later I got three small thread-like objects in spirit much macerated, and under the microscope showing a structure of some sort not recognizable by me. Next day they brought some more of these in a small box. One had been taken from the edge of the upper lip, and under the microscope proved to be a perfect specimen of an embryo of *Ankylostoma duodenale*. Subsequently these appeared in enormous numbers in the mouth, throat, cheek, windpipe, where they caused much cough and retching. They also pushed their way out of the tongue. The treatment was by thymol, followed by the administration of sulphur tabloids for several days. All the drug was thoroughly absorbed. The cure was rapid, and I heard nothing more of my patient subsequently when the itching had stopped, which seemed to indicate that this huge migration of embryos to the periphery had stopped.

As far as I am aware this case is unique. Looss has proved that these embryos will penetrate the skin and find their way to the duodenum. I can find no cases recorded of the converse, and I could not elicit from my patient any determining factors which would have impelled the embryo worms to leave the duodenum and push their way from the arterioles right through the various surfaces of the body. Nor can I advance any theory for my own satisfaction. She was anaemic, with a large increase of white blood corpuscles.

Heliopolis, Cairo, Egypt.

JAMES DUNBAR-BRUNTON, M.D.

BELLADONNA POISONING.

AT 9 p.m. on March 15th I was called in to see a gentleman aged about 71. His wife informed me that he had seemed out of sorts all day, was slightly drowsy, had eaten practically nothing, and seemed slightly confused in his ideas. The patient himself told me that he had had some difficulty in passing urine during the day, this being the first time that he had ever been troubled that way.

I found that the bladder extended to 2 in. below the umbilicus. I placed the patient in a hot bath, where I discovered that he was wearing a belladonna plaster over a raw surface which had been caused by a mustard leaf applied for lumbago. Finding his pupils dilated, I told him that the belladonna plaster was probably the cause of the trouble, and asked him to pull it off, which he did. Leaving him in the bath I went downstairs to order a hot-water bottle for his bed. I came upstairs again after about two minutes, to find the patient with a flushed skin sitting naked on the staircase, not knowing his own bedroom, talking incoherently, and quite unable to walk. I carried him into his room, where he collapsed for a few seconds.

but soon recovered. He had a good night, and went about his ordinary duties in the morning, when he remembered nothing of what had happened in and after the bath.

The interest of the case lies in the sudden onset of very acute symptoms in the bath, due, I suggest, to the increased circulation through the skin promoting rapid absorption of poison in a subject already beginning to show signs of a toxic condition.

London, S.W.

SIDNEY NATHAN, M.D. Cantab.

TREATMENT OF PRURITUS ANI.

SURGEONS seem to be much at variance in their views of the etiology of this most troublesome disorder. The older school consider that it is always a symptom of deeper disease, such as fistula, polypi, and the like; whereas, particularly among the Americans, it is spoken of as a septic infection curable by an "autogenous" or other vaccine of the particular organism, presumably a streptococcus. Be this as it may, it is certain that very severe pruritus may exist in the absence of any such lesion discoverable by ordinary methods, and, what is more, no ordinary man will submit to operation on the chance of finding a disease not evident to skilled examination. I am fully convinced that there are hundreds of middle-aged men who suffer a good deal, and particularly from loss of sleep, who are treating themselves and rarely consult a doctor.

Whatever view one takes of its pathology, any well-marked case of pruritus ani always exhibits one or more tiny cracks or fissures of the skin round the anus, which may be intensely painful and are always very irritable and difficult to cure. From time to time the trouble is much aggravated by the occurrence of one or more perianal abscesses which cause more or less trouble according to their size and depth. These are not always diagnostic of fistula. Pruritus ani is mainly a disease of cold climates. A dry climate is worse than a moist one, and a rich diet undoubtedly is a predisposing factor. Many a patient will be quite well at (for example) Venice, and suffer a good deal further inland.

Of the older remedies conium ointment, so warmly praised by Sir W. Whittla, has even in double strength and prepared by first-class chemists, proved quite ineffective, and the gall and opium ointment is also useless. The drying up method with boric acid and starch powder so often recommended often produces considerable irritation.

Ordinary antiseptics, such as carbolic acid, mercury perchloride, and formalin in various strengths, and astringents such as zinc sulphate, seem to have no good effect at all and generally irritate considerably. Ointments such as chinosol (1 per cent.) often produce temporary improvement, but sooner or later the effect wears off, and they seem to lose their power. The same is true of sphagnol or resinol ointment.

I wish to call attention to two remedies which are of real and lasting benefit. The first is our old friend tincture of iodine (B.P.), which may be used in half or full strength with impunity. It is not at all irritating to mucous membranes, and the slight pain, caused if there are open skin cracks, is quickly over. A patient who had got into a very bad state with numerous skin cracks, wash-leather appearance of the skin, and not infrequent perianal abscesses, and loss of sleep, found that, used thrice weekly, this remedy enabled him to sleep all night, and, in fact, made him quite comfortable. (It should not be used so as to excoriate the skin.) Even better than tincture of iodine is compound tincture of benzoin; mildly styptic and really antiseptic, it may be that its action is largely mechanical, and gives the necessary rest to the affected part. Whatever its nature, its action is little short of marvellous, for within two minutes or so the spirit in the tincture evaporates, and then all temptation to scratch the part is over. It is cleanly, and does not soil the linen as most ointments do, since it dries up very quickly. It may be used twice or thrice daily, and never irritates. Samples vary greatly in colour from a light colour to a dark brown, and also in consistency; but, luckily, they seem to have the same effect, though, perhaps, the darker and thicker Friar's balsam is the most useful.

It is very necessary to use the balsam before a hot bath if the water is very hard, prolonged hot baths in hard water being very injurious in these cases.

It is unnecessary to cauterize or excise small fissures, since I have positive evidence that these can be in many, if not in all, cases cured by tincture of benzoin. Larger fissures are, of course, another matter.

Note on the Etiology of Skin Cracks.—These are found in limestone districts on the feet of natives who use no shoes, and may be of enormous extent, and on the hands of laundrymaids, etc., who use hot water and soda. It seems that the lime in the water combines with the natural grease of the skin to make an insoluble and even brittle substance, which easily cracks, and produces fissures; healing is retarded until hot weather sets in.

Chepstow.

J. CROPPER, M.D.

Reports

MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

VICTORIA HOSPITAL, BANGALORE.

EXTROVERSION OF BLADDER TREATED BY EXTRAPERITONEAL TRANSPLANTATION OF URETERS INTO THE RECTUM.

(Reported by T. V. ARUMUGAM, M.B., C.M., Medical
Officer in Charge.)

The patient in the following case of extroversion of the bladder, a boy aged 10 years, was treated by performance of Peters's operation, as below described:

Operation.

On November 28th, 1913, the patient, having been prepared in the usual way, was anaesthetized with chloroform, the sphincter of the rectum was fully dilated with fingers, and a sterilized sponge 2 in. in diameter, with 2 ft. of sterilized tape tied round its middle, was passed into the rectum and pushed up into the sigmoid flexure to prevent the escape of faecal matter during the operation.

A sterilized No. 5 Jaques's catheter, obliquely cut off at its eye, was introduced to a distance of 2 in. into the right ureter and fixed by a fine silk suture to the ureteral papilla. Then the mucous membrane all round the right papilla was released with a pair of blunt-pointed scissors and the ureter exposed to a distance of 2 in. The left ureter was similarly dealt with.

The rectum having been raised by an assistant with his fingers, a pair of long dressing forceps was introduced into the rectum on the fingers and made to press on the point where it was decided to open the rectum from above. A small opening sufficient to admit No. 5 Jaques's catheter was made into the rectum on each side of the middle line. Through these openings the catheters, with the ureters, were drawn out of the rectum, and the papillae made to project a little beyond the sphincter. The mucous membrane between the papillae and a little on their sides having been dissected out, the raw surface was dressed antiseptically, the sponge in the rectum removed, and the patient put to bed.

Progress.

The patient made an uneventful recovery, except that he had a little rise of temperature, varying from 99° to 102° for six days, during which period a small slough on the surface of the bladder, between the openings of the ureters, formed and was cast off.

The catheter from the left ureter was cast off on the fourth day after operation; the catheter from the right on the seventh day after operation.

For a week after the second catheter was cast off the patient was able to retain urine for about one hour during the waking hours.

During the third week after the operation the patient was able to retain urine in his rectum for nearly three hours during the waking hours.

Result.

The patient's capacity for retaining urine in his rectum has been steadily increasing from the third week after the operation, and he is at present (that is, five weeks after operation) able to retain urine in his rectum for about four hours during the waking hours, and for nearly four and a half hours during the sleeping hours.

REMARKS.

This is the third case of extroversion of bladder in which the operation of extraperitoneal transplantation of ureters into the rectum has been performed by me at the hospital. The first case was performed on August 20th, 1906, and the second on April 15th, 1907. These cases were published in the JOURNAL dated June 22nd, 1907, p. 1481, and August 17th, 1907, p. 388, respectively, and their results—in one case five years after operation and in the other four years after operation—were reported on February 23rd, 1911.

impossible to gauge the credulity of mankind, and if there were people foolish enough to believe that a man like prisoner could cure cancer, there was nothing more to be said. Up to this moment, by the admission of the medical profession, cancer was incurable, save in some cases by operation. Delvine must go to prison for fifteen months with hard labour.

Universities and Colleges.

ROYAL COLLEGE OF PHYSICIANS IN IRELAND.

COMPLIMENT TO SIR ARTHUR CHANCE.

ON April 23rd Sir Arthur Chance was formally admitted to the Honorary Fellowship of the Royal College of Physicians in Ireland. There was a large attendance at the ceremony, which took place in the College Hall. The Registrar, in introducing Sir Arthur Chance, said: "Apart from the assistance which Sir Arthur Chance has given to the Fellows of this College in their purely professional duties, they recognize and appreciate the splendid work that he has done in helping both the Irish Royal Colleges in their efforts to raise the standard of medical education, and to place it on a sure foundation. In this College we feel that we owe much to Sir Arthur Chance for this help, so freely and so loyally given, and we rejoice that in now admitting him to our Honorary Fellowship we can give to him some token of our appreciation."

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—R. D. Howat, C. G. Macgee, A. P. McLeod.

SECOND COLLEGE.—W. Brown, J. A. S. Campbell, W. O. Donoghue, J. A. Duncan, P. F. Fairley, A. D. Gormin, G. A. Grandson, P. Hayes, H. C. Haynes, J. W. Irvine, E. G. Jones, Mary G. Jones, A. Morrison, J. J. Mulvey, J. A. Murray.

THIRD COLLEGE.—O. Brunlees, J. Crawford, D. A. Imrie, P. Milnes, G. L. Neil, J. M. Smeaton, F. W. Thompson, W. J. M. White.

FINAL.—W. MacLeod, E. Dias, J. Soares, J. Corcoran, Gopal Das Madhok, Violet M. Tracey, W. J. Y. Curtain, Muljibhai K. Dalal, F. M. Murray, Maud Bennett, L. Galdemar.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have been approved in the subjects indicated:

SURGERY (Both Sections).—C. Bluett, E. S. Duffy, B. C. Piercy.
MEDICINE.—C. Bluett, W. Brown, M. Dos Santos, H. Dudley, D. M. Hunt, W. Smith, A. K. S. Wyborn.
FORENSIC MEDICINE.—W. Brown, N. W. Rawlings.
MIDWIFERY.—J. C. Gillies, G. Robinson.

The Diploma of the Society has been granted to Messrs. C. Bluett, E. S. Duffy, and J. C. Gillies.

Section I.

Section II.

Medical News.

THE annual dinner of the Royal Sanitary Institute will be held at the Langham Hotel, Portland Place, W., on Wednesday, May 13th.

THE jubilee dinner of the Edinburgh University Club of London will be held at the Hotel Cecil, Strand, on Wednesday, May 13th, when Lord Balfour of Burleigh will preside.

DR. THOMAS LEWIS will commence his annual course of lectures on the pathology of the heart, at the University College Hospital Medical School, this year on Wednesday next, at 11 a.m. The lectures are free to all medical men.

A GENERAL meeting of subscribers to the memorial to the late Admiral of the Fleet Sir Frederick Richards, to which the public is also invited, will be held in the Royal United Service Institution, Whitehall, at noon on Thursday next, when the report and recommendations of the Executive Committee will be laid before the subscribers.

ON April 23rd Dr. Pottinger Eldred, who has been for eight years Honorary Secretary of the South-West Essex Division of the British Medical Association, was the recipient of a handsome testimonial from his professional brethren resident in the district, consisting of a silver kettle with spirit lamp, and a silver tea-service. The presentation took place, by kind permission of Dr. Harford, the Principal, at Livingstone College, Leyton. Dr. Harford, in making the presentation on behalf of the members (and non-members) referred to the enormous amount of work Dr. Eldred had performed for the Division, and the businesslike way in which he had always done his work, and especially during the trying time when the Insurance Act was before the profession. Dr. Eldred, in replying, said his heart had always been in the work, and

that had made it easy, although during his term of office the Division had had its ups and downs; still there had never been any dissensions in the Division, and he relinquished the post with regret, owing to increased practice and other ties.

THE London School of Clinical Medicine, Greenwich, has instituted a special course of instruction in venereal diseases. It is intended primarily for medical officers in the Colonial service, but it will also be useful to men in other services, and especially to those practising abroad. The Dreadnought Hospital has about twenty-eight beds set apart for venereal diseases, and the out-patient department offers a large field for the study of such cases. The course will provide qualified practitioners with an unusual—indeed, as far as we know, a unique—opportunity for the personal investigation of venereal diseases under the supervision of teachers of special experience. The course extends over a month, and includes demonstrations of the ear, throat, nose complications of syphilis, on syphilitic and analogous diseases of the skin, on the eye complications of syphilis and gonorrhoea, and the cerebro-spinal and nervous complications of syphilis, ward work (note-taking, dressing, injections, etc.), and laboratory work, including investigations and practice in laboratory methods of diagnosis, the Wassermann and Inetun tests, the staining of gonococci, and so forth. Among the teachers are Sir Malcolm Morris, Mr. C. C. Choyce, Dr. Gordon Holmes, Dr. Davies, Dr. MacCormac, and Mr. G. N. Biggs. Full particulars can be obtained on application to the Secretary, Seamen's Hospital, Greenwich.

THE Chadwick Public Lectures this year will include three on altitude and health, which will be delivered by Professor F. F. Roget, of the University of Geneva, at the Royal Society of Medicine (1, Wimpole Street, W.). Professor Roget is an enthusiastic climber. Well known on the Continent as an advocate of winter sports, his name has been made familiar to many in this country by his lectures on Swiss military institutions and constitutional law, at the London School of Economics and in several provincial towns. His book, *Ski-runs in the High Alps*, has served as a basis for lectures in some of our leading public schools. The lectures will be delivered on Wednesday, May 6th, and the two following Wednesdays (May 13th and 20th), at 3.15 p.m. The first (when Sir William Collins will occupy the chair) will be on the influence of climate on permanent dwellers at high altitudes and their general life and health conditions. The second (Sir Bertrand Dawson, K.C.V.O., in the chair) will be on summer and winter sport and mountaineering, and the hygienic conditions and effects of temporary residence at a high altitude. The third (Sir J. Crichton-Browne in the chair) will be on the mountain air cure of disease. Among other lectures is one in which the question of the milk supply will be critically dealt with at every stage, from the cowshed to the consumer, by Professor H. R. Kenwood; this will be given at the Royal Sanitary Institute on Wednesday, May 27th, at 8.15 p.m. Dr. Joseph Cates, Medical Officer of Health and School Medical Officer for St. Helens, Lancs., will give a lecture in the Council Chamber, Town Hall, Leeds, on the care of children under school age. Full particulars as to these and other Chadwick Lectures may be obtained from the Secretary, Mrs. Aubrey Richardson, at the offices of the Chadwick Trust, 8, Dartmouth Street, Westminster.

DR. THOMAS FREDERIC HIGGS, of Dudley, has been appointed honorary consulting physician to the infirmary of the Dudley Union on retirement from the post of medical officer to its Workhouse Visiting Committee. Dr. Higgs had been in the service of this committee for over forty years and in that of the board of guardians for over fifty, but the honour paid him would seem to be due less to the length of his services than to the fashion in which he performed his duties. On the occasion of his handing in his last report some half-dozen speeches in his honour were successively delivered in support of a vote conveying to him the board's thanks. Two of the speakers dwelt on the lessons as to their own work as guardians that they had learnt from Dr. Higgs, and all spoke of the wisdom and kindness of his treatment of the workhouse inmates. A woman guardian said she had always admired his gentleness, patience, and quiet, calm demeanour; and a Catholic priest, after speaking of the difficulty of treating the poor wisely and yet pleasing them, mentioned as a very great compliment to Dr. Higgs a remark respecting him that he had once heard fall from the lips of a very nasty customer when he was leaving the workhouse: it was to the effect that he did not mind going, but he was sorry to leave a gentleman behind him. In the course of his acknowledgement of the vote of thanks, Dr. Higgs mentioned that when he first took up the work some

hundreds of pounds were being spent on beer, whisky, and gin, whereas the sole expenditure on alcohol at the present time was for brandy to the extent of about a pound a year. Another source of satisfaction to him was the successful establishment by the guardians of a training school for nurses.

DR. TH. SIMON, who for many years was associated with the late M. Binet in elaborating tests for measuring the intelligence of children and others, read a paper on April 28th before the Eugenics Education Society on "The Measure of Intelligence." The meeting was held in the rooms of the Royal Society, and Major Leonard Darwin was in the chair. After referring to the difficulty of measuring intelligence, Dr. Simon said that the tests, which numbered sixty-three, were arranged in groups of five for various ages. Each examination lasted twenty minutes. The essential feature was the order in which the tests were applied; they were based upon experiments on the feeble-minded and on a large number of children. On questioning a subject the value of his reply could be estimated exactly by the tests. The objection was sometimes made that the tests measured the result of instruction rather than intelligence, but they really measured intellectual development. As in taking the height of a child a measure both of his personal development and the influence of his environment was obtained, so with these tests both intelligence and influences were measured. But environment would be of no avail to a child unless it had the intelligence to utilize it. Over 5,000 children of the white races had been tested, and the results obtained everywhere were in approximate agreement. From this it was concluded that only very different environments had even a slight influence. The rule followed was to regard those children as feeble-minded who were two years behind the normal age standard. The test made it possible to assign defectives to special classes, and to give a clear definition to the terms "idiocy," "imbecility," and "feeble-mindedness." The tests had shown the large number of feeble-minded among the criminal classes. In commenting on the paper Professor Spearman said that the tests could no more be said to represent the whole intelligence than a flowerpot could be said to represent the whole flora of the earth. The tests, he thought, really measured nervous energy. It had been said that each portion of nerve structure had the whole of the energy of the cell at its disposal. Each test corresponded to a portion of the nerve structure. Variations in this were neutralized, and the common element of nerve energy left.

It seems rather like tempting Providence to choose the early spring as an occasion for inviting representatives of the press to see what an English health resort has to offer to visitors. Yet this is what the Margate Chamber of Commerce did last week, and it appears that it has adopted much the same course in previous years on the occasion of its annual banquet, and that so far it has never found reason to regret its choice of date. The fact is, that the skill with which the natural resources of the town have been developed, together with a certain quality in the air, lend the town distinct attractions, even when the weather is not at its sunshiny best. What are the components of this quality we find it no more easy to state than did the late Sir James Paget; but its initial effect, at any rate, is to make most people feel that, after all, life is worth living and active exercise enjoyable. From a medical point of view the town will always be notable as the site of the first institution in the nature of a sanatorium in Great Britain. This, the Margate Royal Sea-Bathing Infirmary, was brought into existence by Lettson not long after his foundation of the Medical Society of London, and since that time the town has built up a very widespread reputation as a resort for the subjects of surgical tuberculosis and persons enfeebled by operation or by acute or other debilitating disorders. One recent writer on health resorts and the climatic treatment of disease seems disposed to reproach the authorities of this town on the ground that it falls short in appearance "of what might be expected of a health resort with its wide fame for the treatment of a very large group of maladies"; but it is precisely on this point that many visitors must feel disposed to congratulate themselves. Central, or old, Margate preserves much the same appearance as it must have had fifty years ago, when Margate first attained favour with trippers—a big village, built along two sides of a valley, ending on the famous sands. Medical Margate is scattered more or less haphazard along the cliffs on one side (Cliftonville) and the shore on the other (Brookend). Speaking of Cliftonville in particular, it is certainly a very great charm to be able to step straight out of a well-

appointed hotel or nursing home on to a natural path along which one can wander for miles unchecked, and meantime look down upon a sea and shore which has not been "improved" until it resembles the edge of a pond. The authorities are equally to be congratulated on the fact that instead of spoiling views by erecting immense buildings, as music pavilions and winter gardens, they have provided these by excavating the chalk on which Margate lies to a sufficient depth to hide such buildings. A further good point about the town is that, apart from providing plenty of ordinary amusements and many temptations towards active exercise, a visitor can vary his stay by tramway and motor brake drives, which enable him to explore several other Kentish towns during the course of a morning or afternoon. We gave an account of the water supply of the town when the new supply was brought in some years ago; it is one of a most desirable kind, and the drainage and general sanitation are equally good. The corrected death-rate for last year was 10 per 1,000 on a resident population of 28,000, the infant mortality-rate being also notably low—namely, 77 per 1,000 registered births.

A JOINT meeting of the Charity Organization Society and the Child Study Society was held on Thursday, April 23rd, at the Royal Sanitary Institute, Buckingham Palace Road, Mrs. Burgwin in the chair. The Rev. J. C. Pringle, who read a paper on improving the standard of child upbringing, said the title of his paper ought to have been "Neglected Children," as that was the subject upon which he felt most fully qualified to speak. An enormous number of children, he said, were being brought up at the present moment in reformatories and similar institutions; the necessity for free meals and medical inspection for elementary school children, and the statistics published by the National Society for the Prevention of Cruelty to Children, were all indications of a lamentable amount of child neglect in this country. It should not be forgotten, however, that the children of careless and indifferent parents soon learnt to be self-reliant and independent; whereas if they were brought up as they should be many of them would never acquire these attributes, and a nation of model homes might sigh in vain for the hardy type which formed the backbone of a country. No satisfactory substitute for the parent had yet been found. If, as was sometimes suggested, the parent should only play an insignificant part in the upbringing of his child, all sorts of schemes could be devised for the child's education; but, if the parents were to be the chief factor, it was essential that something should be done to arouse their interest in the matter. The Labour Party's bill at present before the House of Commons proposed that the inspector should have the right to enter a house at any time; but until that became law—and it was open to question whether it was desirable that it should become law—the opportunities for neglect would remain. It was therefore necessary that something should be done to recognize the parent and to restore his prestige. If the parents were allowed to exercise their own selective powers in the choice of a school, and, possibly under happier economic conditions, paid for their children's schooling, they might recover their prestige. The united efforts of workers' agencies and reformatories should be concentrated upon certain limited areas in such a manner that the parents would be forced to mend their ways. It should, for instance, be made so uncomfortable wilfully to neglect children in a certain street that the mothers would gradually give up the habit; in this way the force of imitation would be brought to bear and the convention of neglect would be altered. If criminal prosecutions in cases of child neglect were the right way of dealing with the problem, it was not being dealt with properly in London, where magistrates as a class were said to be extremely unsympathetic in cases brought before them by the officials of the National Society for the Prevention of Cruelty to Children. It had been suggested recently that a bench of unpaid sympathetic justices of the peace might be formed to deal with such cases; but it was doubtful whether it was altogether wise for the National Society for the Prevention of Cruelty to Children to relieve the London County Council of the unpopularity of prosecuting. Unfortunately, even a successful prosecution did little, if any, good as regards the case itself; it was useful only as a deterrent. It would be better if the children could be taken away from the parents altogether, and the latter compelled to contribute towards their support in the Colonies. The bulk of child neglect, however, was too subtle to reach, and evaded all generalizations. Mr. Pringle's paper gave rise to an animated discussion, at the close of which a vote of thanks was proposed by Mrs. Burgwin and carried unanimously.