

Brittany (the best) the inhabitants eat and drink practically the same things.

Rivers have also no effect. The Seine and Garonne districts are very bad, while the Rhone district is comparatively immune. Nor can seaside, elevation, climate, food, or wealth be shown to have much to do with it when considered apart.

As for racial distribution, the Celts, small dark folk, have good teeth, while the Kimric races, large blonde folk, have bad teeth.

Poverty and wealth seem no explanation in Great Britain to-day. Town-reared and country-bred people are all equally liable (Welsh mountains and London streets).

Conclusions.

The mischief, as far as weakening the tooth defences is concerned, is to a great extent done before the diet of the individual has passed beyond the milk stage.

Although horse, cow, and goat milk contain much more lime than human milk, and although many artificial foods are ideal in the desirability of their constituents, there is no doubt they are not assimilated nearly so well as mother's milk; it is not what goes into the baby's mouth but what goes into its blood that counts.

Maternal neglect, which is a product of high civilization, is an important factor. Even where the child is breast-fed, Sutherland states that worry and anxiety render the milk unsuitable; and worry and anxiety, the strenuous life, high pressure, luxury, as much as want and distress, are evils attendant upon civilization.

Then there is the wholesale preservation of the physically unfit, which is also a practice pertaining to high civilizations.

My general conclusions are that the prevention of dental caries can best be attained by: (1) A return as far as possible to the simpler life; (2) a return as far as possible to maternal breast-feeding; (3) a universal habit from early childhood of cleansing and rinsing the mouth after every meal, and especially at bedtime.

DISCUSSION.

Mr. F. J. BENNETT (London) thought the simple diet was of importance, as it gave the oral secretions a simpler task in acting on the food.

Mr. W. A. MAGGS (London) agreed that the causation of dental decay was a complex problem, and doubted if diet alone would prevent it. Persons taking every care in cleansing their teeth and in chewing their food suffered from caries, whilst others, entirely disregarding these matters, escaped. Immunity was, in his opinion, largely due to the secretions of the mouth being normal, and free in amount. It was not always correct to say that attrition of the teeth was due to coarse food. The wearing down of the teeth in uncivilized and civilized races was frequently found to be due to an edge-to-edge "bite"—a type of dentition associated with primitive man, and when seen nowadays indicative of sound teeth and virility. Dr. Sim Wallace advocated eating an apple at the end of a meal for the purpose of removing particles of food from the interstices of the teeth. Such a practice was also beneficial in acting as a gentle laxative, and an apple taken daily after breakfast promoted intestinal peristalsis. In the western counties—Somerset, Dorset, and Devon—dental decay was very prevalent amongst the rural population, and was due to drinking the common beverage—cider.

Dr. WHEATLEY (M.O.H. Shropshire) thought the question of the importance of hardness of water was one that could be easily cleared up. Certainly in the rural districts of Shropshire, where the water was mostly very hard, the teeth were bad. He had heard no evidence whatever that soft water was a cause of dental caries.

Professor G. ELLIOT SMITH said that during the last ten years his assistants (Drs. Wood Jones and Derry) and himself examined and made notes on more than 15,000 ancient Egyptian and Nubian crania, representing every historical (and prehistoric) period, and had studied the evidences of dental disease. In predynastic times (before 3400 B.C.), in early dynastic times (until 2700 B.C.) in

Egypt, and until the time of the eighteenth dynasty (*circa* 1500) in Nubia, dental caries was so extremely rare as to be practically non-existent; yet alveolar abscesses often occurred, because the large quantities of sand contained in the bread and other foods caused early and extreme wearing-down of the teeth, and the infection of the exposed pulp cavities with septic material led to alveolar abscess formation. At the time of the Pyramid builders of Lower Egypt (*circa* 2700 B.C.) dental caries and tartar formation became suddenly so common, that amongst the remains of 500 (mostly aristocratic) people of this date that we examined, only about 50 were free from caries, and the jaws of most of them were riddled with abscess cavities. Amongst the well-to-do Egyptians caries had been common ever since then; and in later times it gradually spread to the lower classes.

Dr. C. MUTHU said that behind all causes, such as errors in diet, artificial feeding of infants, etc., the conditions brought in by the present civilization was the chief cause of disease of teeth. So long as the Indians lived their simple, primitive life their teeth were excellent, but as soon as they came into contact with European civilization and adopted Western modes of living their teeth went wrong. Primitive life meant not only eating simple food, but bathing every morning, washing the teeth before and after every meal, morning worship which brought calm and peace of mind and body, early retirement to bed and early rising—in fact, it meant living near the heart of nature. The civilized man had lost the peace of mind. The mind influenced the body. If health meant harmony of various elements of man, disease was caused by disturbance in the relation between body, mind, and spirit—including the disease of teeth. So that behind bad water, bad diet, and behind these shallow causes lay the root cause of a new environment brought on by the modern conditions of Western civilization.

Dr. CYRIL HOWKINS (Birmingham) stated that from his personal observations on the semi-civilized natives of South Africa, they had exceedingly good teeth. He was unable to understand why the Jews had such excellent teeth as a rule, unless it was from the fact that they rarely married any one save of their own race. He had often wondered if one result of the marriage of individuals from two different races was that the teeth of the offspring were inferior to those of the parents, even if the fact that irregularities of the position which commonly occurred from these marriages was put on one side.

Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

GUTTA-PERCHA TISSUE FOR DRESSING WOUNDS.

A good dressing for a clean wound is that which shall ensure the maximum of cleanliness and rest for the injured part.

Our efforts to obtain cleanliness most often war against rest in these two ways: (1) A dressing either previously impregnated with or at the time wrung out of some chemical disinfectant acts as an irritant to the edges of the wound. (2) Our vigilance leads us to frequent dressings to see that the wound is in good condition.

Gutta-percha tissue may be sterilized by washing in methylated spirit. The dressing having been applied, the condition of the stitches and wound edges may be observed through the dressing without disturbing it.

The method I observe is as follows: (a) Cut off a piece of gutta-percha tissue of the size required, and lay it in a tray of spirit. (b) Disinfect the hands, cleanse the wound, put in stitches, and arrest bleeding by pressure of a swab wrung out of spirit. (c) Lift the gutta-percha dressing from the spirit by one corner with forceps, and allow the spirit to drain off. (d) Lay the dressing upon the wound, and apply a pad of wool and bandage.

I then see the patient at the beginning of the third day, remove the bandage and wool, and note the appearance of the wound; if the wound remain clean, it is inspected through the dressing on the fifth day, and the dressing

remains undisturbed until the removal of stitches on the eighth to tenth day, when a similar dressing is applied and kept in place till cicatrization is sufficiently established for there to be no danger of infection.

I am obtaining more satisfactory results by this means than by any other dressing I have yet used, and believe it well suited to general practitioners' needs.

J. R. RIGDEN TRIST, M.R.C.S.Eng., L.R.C.P.Lond.
London, S.W.

RECOVERY FROM ARYLARSONATE POISONING.
In the JOURNAL of March 19th, p. 725, you published some notes of mine on a case of arylarsonate poisoning.

I now wish to record the recovery of the same. On seeing my letter, Mr. Charles Wray kindly wrote asking me to try the effect of administering large quantities of water daily, as well as electricity to the temples, of a strength sufficient to produce subjective flashes of light.

Vision was slowly improving prior to this treatment, but it has most certainly proved of the utmost value. The patient took for many weeks 90 to 100 oz. of fluid daily, and for ten weeks, almost daily (Sundays excepted) I applied for four to six minutes a constant current of from 3 to 10 milliampères, with an electrode on each temple. I usually reversed the current sharply once or twice, when a flash of light (of a bluish colour) was generally perceived.

As the case progressed the stronger current was less well borne and a reversal of the weaker current produced results which at first only followed with the stronger.

The patient's vision steadily improved, and he can now see almost quite as well as at the end of last year. He has put on some weight and is altogether doing very well.

Carnsore, Monkstown, co. Dub

R. LYNN HEARD.

TREATMENT OF THE SECONDARY INFECTIONS IN PULMONARY TUBERCULOSIS.

DURING ten years of sanatorium experience it has often occurred to me that the tubercle bacillus is, in itself, not such a dangerous organism as generally supposed, and that if left alone without the introduction of chemical tuberculin (C.T.)—that is, that manufactured in laboratories—it tends in many cases to undergo dissolution. The mixed infections are responsible for the ills of tuberculous disease. This has long been recognized in the case of the lungs, but I am unaware that the custom exists to treat mixed infections in the same systematic and routine manner as tuberculin is given. Tuberculin is uncertain in its action, and therefore dangerous, and this is mainly due to the fact that tuberculous patients manufacture their own tuberculin. The dosage of natural tuberculin (N.T.)—that is, that manufactured in the body—can be regulated by exercise and rest; therefore, in any individual case the grades from complete rest in bed to full exercise are gone through according to the dose of N.T. absorbed, as shown by the temperature. When C.T. is given consideration must also be given to the fact that the patient is dosing himself with his own tuberculin, so that a double dose of tuberculin may be avoided.

In pulmonary tuberculosis the lungs are open to mixed infection from the external air, and this mixed infection causes the breaking down of the tuberculous deposit. *Post-mortem* examinations tend to show that a pure tuberculous deposit becomes encapsuled and rendered inactive.

Holding, therefore, the opinion that death from pulmonary tuberculosis is nearly always due to mixed infection, I now treat such cases by ignoring the tubercle bacillus and devote my attention to clearing out the mixed infections.

My method is to obtain the early morning sputum after the patient has used an antiseptic mouth-wash. I then grow a culture of the sputum, and stain it by Gram's method. I treat the organism that is in excess of any other. If a streptococcus, I give 25 c.cm. of antistreptococcus serum (polyvalent) in a little saline solution by the mouth one hour before breakfast. If staphylococci are present, I give the same amount of antistaphylococcus serum (polyvalent). After a week I grow another culture, and again give the corresponding serum to the organism present. In time the mixed infections disappear and only a pure tuberculous infection remains, which tends to get well of itself. If the right serum is given both the

negative and positive phases occur, the temperature is under control, and the improved condition of the patient is manifest. I claim for my method (1) that it is simple, rational, and within the reach of all medical men; (2) that the method does no harm to the patient, there are no serious risks attached to the administration of serum, and the results show the efficacy of the method I have adopted.

J. PENN MILTON, M.R.C.S., L.R.C.P.Lond.
Udal Torre Sanatorium, Yelverton, S. Devon.

Reports

ON

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

LIVERPOOL WORKHOUSE HOSPITAL.

SERUM TREATMENT OF DISEASE.

(Two Cases under the care of WILLIAM ALEXANDER, F.R.C.S.)

[Reported by Dr. G. FISHER, House-Surgeon.]

CASE I.—TETANUS.

THE patient in the following case, a man aged 22, was admitted at 8 p.m. on April 8th, 1910, complaining of stiffness of, and pain in, his body and jaws, to a less extent in his limbs, which had begun some three or four days previously. He had been working on a farm for some weeks, and had received at different times sundry superficial wounds, mostly on his right hand.

Condition on Admission.

His temperature was 97°, pulse 60, and respirations 20. There was tonic contraction of the muscles of the jaw, sufficient to prevent him separating his teeth more than about $\frac{1}{2}$ in. The palpebral openings were narrow, and his eyebrows drawn up, his forehead wrinkled, and well-marked risus sardonicus. The neck and back muscles were also rigid, and the anterior abdominal wall board-like and painful. Rigidity and pain were less marked in the lower limbs, whilst in the upper limbs he only complained of slight stiffness in the shoulders. On the right hand there were traces of numerous superficial injuries; the majority of them had healed almost completely; there was no wound of any size, nor any suppurating sore.

Diagnosis.

A diagnosis of tetanus was made. How long it had been incubating was impossible to decide, owing to the varying dates at which the wounds in the hand had been received.

There being no tetanus antitoxin to hand, he was given chloral gr. xx four hourly, and slept fairly well.

Treatment.

Next day the rigidity was more marked, especially in the lower limbs, and the head retracted. The pain had also increased. Antitetanic serum injections were then commenced. It was obtained from the Lister Institute, and, as recommended, 100 c.cm. were injected in the first twenty-four hours into different parts of the subcutaneous tissues of the anterior abdominal wall and the arm, in doses of 20 c.cm.

The same night the patient complained of severe pain in the abdomen, and had a short slight spasm at 10.25 p.m. He asked to be turned on his left side, as the right was the more painful; then had tremor of legs. A little later he had opisthotonos lasting one minute, and severe slighter attacks before morning, but he slept in the intervals between them, took fluids well, and perspired profusely; temperature 99°.

Progress.

April 10th.—Day: He had eight spasms during the day, lasting from half to one and half minutes each, opisthotonos and slight pleurosthotonos. Pain chiefly down right side of body, and right lower limb and arm—very severe, causing him to cry out. Copious perspiration. *Night:* Bowels not moved since day of admission. Calomel gr. v. Morph. hypo. gr. $\frac{1}{4}$ at 8 p.m. Slept 8.30 p.m. to 12.30 a.m. Had eight spasms between then and 8 a.m., more severe and lasting longer—up to two minutes; well-marked opisthotonos. Tremors, chiefly of legs, followed

The majority of the cases interviewed by me clearly follow the general line (as can be seen by examining the twenty-six histories), but, unfortunately, the exact dates have not been, or could not be, learnt. The following data are extracted from those cases which are most definitely outlined. All but one are cancer of cervix, and all but one were diagnosed as inoperable.

Case 1, acquisition of maximum weight about 5 years ago; duration of good health and strength, about 4 years; symptoms began 7 months ago. Case 2, acquisition of maximum weight about 3 years ago; duration of good health and strength, 1 or 2 years; symptoms began 5 months ago. Case 3, acquisition of maximum weight about 7 years ago; duration of good health and strength, about 5 years; symptoms began 2 years 8 months ago. Case 4, acquisition of maximum weight about 4 years ago; duration of good health and strength, about 3 years; symptoms began 10 months ago. Case 5, in which the cervix was entirely destroyed, the uterus enlarged and lower part of broad ligament thick and tense, reports acquisition of maximum weight about 10 years ago; a loss of strength for the past 4 years; and the appearance of symptoms but 5 months ago.

The following data were lately gathered for me from his rather recent records by one surgeon whose attention had already been directed to the question of weight.

- Case (a) aged 48; maximum weight 2 years before symptoms appeared.
Case (b) aged 45; maximum weight 1 year before symptoms appeared.
Case (c) aged 50; maximum weight 2 years before symptoms appeared.
Case (d) aged 40; maximum weight 6 months before symptoms appeared.
Case (e) aged 38; maximum weight about time of appearance of symptoms.
Case (f) aged 70; maximum weight 4 years before symptoms appeared (fundus).

Clinical data of cancer of corpus uteri:
cervix

1. Present age?
2. About how long ago was maximum weight acquired, and about how long did it continue?
3. About how long ago did symptoms appear?

—I am, etc,

Straitsmouth Inn, Stonehaven, Rockport,
Massachusetts, U.S.A., Aug. 11th.

E. ATTLEE.

Contract Medical Practice.

TERMS FOR CLUB ATTENDANCE.

MEMBER writes that he has been asked to be medical officer to a club on the following terms: The married men with families to pay 1s. a month, the single 4s. annually (?). He wishes to know whether these terms are too low, and whether it is not customary in clubs for the married and single members to pay the same contributions. All confinements are to be one guinea extra.

* * These terms compare favourably with those of many other clubs, but there is too great a discrepancy between the contributions of the married and single members. It is very usual for the married and single to pay the same, but the contributions in these cases are nearly always less than 1s. a month.

Universities and Colleges.

SOCIETY OF APOTHECARIES OF LONDON.

The following candidates have been approved at the examinations indicated:

SURGERY.—†F. H. W. Brewer, †A. Gordon, †W. J. G. Gayton, †M. S. Jevons, †J. C. Johnson, †J. A. Laughton, *G. Meyer, †J. G. Reidy, *H. Stanger.

MEDICINE.—*H. R. L. Allott, *W. J. Gibson, *J. M. Moll, †J. G. Reidy, *A. D. Vernon Taylor.

FORENSIC MEDICINE.—E. M. E. Hall, C. B. Hawthorne, J. B. Holmes, J. C. Johnson, A. D. Vernon Taylor, C. B. Welsby.

MIDWIFERY.—D. E. S. Davies, E. M. E. Hall, O. Marshall, J. M. Moll, J. G. Reidy, A. D. Vernon Taylor.

* Section I.

† Section II.

The diploma of the Society has been granted to Messrs. F. H. W. Brewer, W. J. G. Gayton, M. S. Jevons, J. A. Laughton, J. G. Reidy, and H. Stanger.

Public Health

AND

POOR LAW MEDICAL SERVICES.

TYPHOID FEVER IN THE COUNTY OF DURHAM.¹

THE insanitary condition of many parts of the administrative county of Durham, with its population of over a million persons, has frequently been commented on. As long ago as 1896 the county council made a representation to the Local Government Board that the Whickham Urban District Council had made default in the performance of their duty under the Public Health Act, 1875, with respect to certain specified insanitary conditions. Some correspondence ensued between the Board and the councils, and after consideration the Board decided not to direct formal inquiry into the subject-matter of the county council's representation. In spite of this rebuff the county council made a similar representation in 1895, when Dr. Darra Mair made a report to the Board upon the sanitary circumstances of the district. In 1904 the county council represented to the Board that the Chester-le-Street Rural District Council had not properly put in force the Public Health Act and, the Housing of the Working Classes Act, and in 1906 a like complaint was made by the county council with respect to the Hebburn Urban District Council. Reports were made to the Board with regard to Chester-le-Street by Dr. Wilfred Fletcher, and by Dr. K. J. Reece with regard to Hebburn, but in no one of these three reports is there any opinion expressed as to whether the district councils concerned were or were not in default in carrying out their statutory duties. It is true the medical inspectors named gave many glaring instances of insanitary conditions, and made important recommendations for their abatement, but it is not unlikely that the apparent lack of support which the county council received from the central authority accounts in some measure for the *laissez-faire* attitude of many of the district councils which is revealed in the preliminary report on typhoid fever in the county of Durham, recently presented to the Local Government Board by Dr. S. W. Wheaton.

In a preface to the report Dr. Newsholme points out that for many years past the county of Durham has had the highest death-rate from typhoid fever of any county in England and Wales. After commenting upon the possible effects of domestic overcrowding, of the special mining industry, of the water supplies and of certain foods upon the incidence of the disease, he refers to the extremely filthy domestic arrangements by which excremental matters are retained in the immediate vicinity of dwellings. These arrangements he considers are in large measure associated with the excess of typhoid fever in the county, where the use of the privy-midden is still almost universal, although so-called ash-closets are now provided in most of the new houses of the working classes.

The report itself discloses much careful and painstaking effort on the part of Dr. Wheaton, who admits, however, that if the causes of typhoid fever in the county are to be completely unravelled and prevented from continuing to operate, his preliminary conclusions will require to be confirmed by further inquiry continued over a long period and to be supplemented by much fuller information. He suggests for this purpose that the medical officer of health in each district in the county should carefully investigate every case of the disease notified to him, an exact record being kept of the antecedents of each case, together with the approximate date of onset of the illness, and the relative dates of cases in the same household. Other recommendations are that statistics should be prepared for each sanitary district, setting out for each year the age and sex incidence of all cases of the disease, the occupations of those attacked, and the number of cases treated respectively at home and in hospitals. That a statement should be prepared for each district, giving the method of excrement disposal for each tenement, and that a record should be kept of the number of privy-middens converted into ash-closets, and of privies replaced by water-closets, and of the method of scavenging in force in each district, having special reference to the efficiency of the system and the frequency of removal.

BRONZING CARRIED ON IN FACTORIES AND WORKSHOPS.²

BRONZE powders are used in lithography and printing, and mostly in the dry state. Bronze lithographic inks have been tried, but they have been a failure. Much of the bronzing in this country is still done by hand. The powder is applied by means of a piece of cotton-wool or by a soft pad on to the printed surface, after which the sheets are dusted by rubbing them with a clean pad. Clouds of dust rise from the surface, especially with young and inexperienced workers. The recommendations of the Departmental Committee of 1895 as to the employment of means for preventing the escape of dust during bronzing were, with other details, published by the Home Office, and, although issued only as voluntary regulations, yet

¹ Reports to the Local Government Board on Public Health and Medical Subjects (New Series, No. 35). Dr. S. W. Wheaton's preliminary report on enteric fever in the county of Durham. Darling and Son, Limited. (9d.)

² Report by Edgar L. Collis, M.B., W. Sydney Smith, and Rose E. Squire, all of the Factory Department, Home Office. London: Wyman and Sons. (4½d.)

LOCUMTENENTS AND AGENTS' FEES.

A CORRESPONDENT asks whether an agent who has introduced a locumtenent, and received his fee, is entitled to another fee if that locumtenent is engaged on a future occasion without consulting the agent.

* * In the absence of express agreement to the contrary, an agent is entitled to a fee only when he directly introduces a locumtenent.

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.

MILEAGE FEES.

A. C.—In the circumstances described a fee of 2 guineas for each visit seems fair and reasonable.

Obituary.

THE REV. WM. JEFFREY, M.D., Kilsyth, died on August 25th, at the age of 66 years. He was licensed by the Metropolitan Free Church Presbytery forty years ago, and was first assistant at Newhaven, coming to Glasgow in 1875. He was there impressed with the need of the poor for medical as well as spiritual advice, and he accordingly qualified as a medical practitioner. He was transferred to Kilsyth Free Church in 1889.

DR. JOHN McCONVILLE, a well-known and highly respected practitioner in Glasgow, died on August 22nd at his residence in 14, Parkgrove Terrace. He was a native of Paisley, and after studying at Anderson's College Medical School he qualified in Edinburgh in 1856, graduating M.D. of St. Andrews in 1861. He became a Fellow of the Faculty of Physicians and Surgeons, Glasgow, in 1880. Fifty years ago he returned to Glasgow from the South and started practice, continuing till quite recently. He was 74 years of age, and is survived by his wife, two daughters, and four sons, one of whom was in practice with him in the city.

DR. PATRICK A. SMITH, who died a short time ago, was one of the best known general practitioners of Glasgow. He studied at the University of Glasgow, where he took the degrees of M.B. and C.M. in 1881; he became a Licentiate of the Faculty of Physicians and Surgeons of that city in 1882, and a Fellow in 1884. He obtained the degree of M.D. in 1896. After practising a short time in Dumbarton he settled down in Glasgow. He was a successful and highly respected practitioner, having troops of friends in all sections of the community. He was especially popular among his co-religionists, the Roman Catholics. He was the medical adviser of the late Archbishop Eyre, and was married to a sister of Archbishop Maguire. For some time Dr. Smith acted as a member of the Govan Parish Council, but he had to retire owing to the pressure of his professional engagements. Three years ago, on the occasion of his silver jubilee as a practitioner, he was entertained by his many friends in Glasgow, and presented with an illuminated address. Dr. Smith, who lost his wife many years ago, leaves a family of three sons and three daughters. To skill in his profession he united great personal charm, and he was a man of the highest character.

MR. JAMES LYMBURN, who was Librarian of Glasgow University from 1879 till 1905, has passed away at the ripe age of 75 years. He was a native of Paisley and entered the library of the University as Assistant in 1868. On the death of Mr. R. B. Spears in 1878 Mr. Lymburn was appointed his successor. During his term of office he prepared a students' catalogue which was of great value to readers.

WE regret to announce the death of Professor FRIEDRICH VON RECKLINGHAUSEN, the distinguished pathologist, which took place at Strassburg on August 25th, in his 76th year.

PROFESSOR MASSE of Bordeaux, who recently died at the age of 71, had taught operative surgery for a number of years. He made researches on the pathology of cysts and dermoid tumours of the iris. He founded in 1880 the *Gazette Hebdomadaire des Sciences Médicales de Bordeaux*.

Medical News.

THE late Sir Charles Marriott, M.D., of Leicester, left estate valued at £33,545.

THE Annual Welsh Medical Dinner will be held under the presidency of Mr. Robert Jones (Liverpool), at 7.30 p.m. on Friday, September 30th, at the Criterion Restaurant, Piccadilly, London, W. Applications for tickets should be made at an early date to the Honorary Secretary, J. Howell Evans, 25, Berkeley Square, W.

WITH reference to the demonstrations in clinical medicine now in progress at the London Hospital, and open to all medical men, we are informed that next Monday Dr. Wall, instead of dealing in the lecture theatre with diseases of the lungs, will take a party to Frimley Sanatorium. The train leaves Waterloo at 1.10 p.m., and vouchers for cheap tickets can be obtained; it is also desirable that those who propose to go down should give notice to Mr. Munro Scott at the London Hospital not later than Saturday morning, in order that arrangements may be made for a sufficiency of cabs to be in attendance at Frimley Station.

SOME two months ago we had the pleasure of drawing attention to the gallantry displayed by Dr. C. J. J. Harris, of Whitehaven, in connexion with the terrible mining accident in that locality, and now we have the further pleasure of completing the record by stating that he was one of those on whom His Majesty King George conferred the Edward medal on the first occasion of the distribution of this award. The mining accident in question was one of the worst which has ever occurred in respect of the number of lives lost, and as the mine instantly after the explosion caught fire, rescue work was accompanied by even greater dangers than usual. The whole of the operations were conducted in the densest smoke and heat, and all were aware that there was a considerable possibility of a further explosion taking place. Dr. Harris, who became M.R.C.S. in 1884 and M.D. Durham in 1901, is an old student of Charing Cross Hospital and formerly held a commission in the militia.

The Child, a new monthly journal devoted to child welfare, will appear in the early autumn. Dr. T. N. Kelynnack has undertaken the editorial oversight, and will be assisted by a representative staff of medical, educational, and philanthropic experts. The journal will aim at meeting the requirements of all engaged in child study or working for the betterment of child life. Among other communications the first number will contain articles by Mr. John Burns, Sir Lauder Brunton, Dr. Bertram Thornton, and others. In order that *The Child* may serve all interests working for child betterment, the publishers are arranging to issue with each number a *Directory* of schools and other educational establishments; also of societies dealing with all forms of child welfare, and of hospitals, orphanages, and like institutions for children. The publishers are Messrs. John Bale, Sons, and Danielsson, Limited, 83-91, Great Titchfield Street, Oxford Street, London, W.

DURING the past fortnight many cases of epidemic cerebro-spinal fever have been reported in Leicestershire and its neighbourhood, but even if each rumoured case be a real one the fears expressed near and far would scarcely be justified. The experience both of Scotland and Ireland in 1907 and 1908 shows that the disease may prevail widely and for long without adding very materially either to mortality or sickness rates, and without preventing the inhabitants of infected towns pursuing their ordinary avocations tranquilly. What gives the disease its importance is that while there is immense variation in the gravity of attacks the general ratio of deaths to attacks is very high, while serious, and more or less permanent, sequelae are always to be expected. On the other hand, a large proportion of every community would appear to be immune, the occurrence of more than one case in a household being comparatively rare, and many infected persons carrying in their nasal passages the coccus which is the cause of the disease without exhibiting illness of any kind. It is this circumstance which renders control of the disease on ordinary lines by sanitary authorities peculiarly difficult.