to be hereditary. The ease with which an animal takes training depends on previous experiences, practice, and tendencies. The character and condition of the muscles and sense organs and their structure affect, or modify, the results of experience. The great Dane that died of starvation in a room where he was locked in with game, the dog that leaves its pups to follow its master, the collie that forgets about his food when a prevailing passion seizes him (whether it be the management of a flock of sheep, the retrieving of a stick, or the guarding of his master's property), are regarded as examples of training young and susceptible animals. Adjustments and readjustments are difficult to isolate.

Instinct, so-called, is likely to be racial or tribal. Indeed, the term is used by many in that sense alone. Professor Bohn believes that the term should be discarded. When an animal is easily trained one often attributes the facility to hereditary causes rather than to training because of the methods observed in selection. The dog that hunts rabbits and brings them to his master, acting on his own account, may be acting from racial tendencies, and so may the cat that brings a young rabbit, a rat, or a mouse to a friend. A cat may not be discriminating and may bring a dead kitten to her mistress, but this attention is a transference.

The effects of training may lead a dog, blind with passion, to savage his master, or kill his master's child. Here again there is a transference. A collie I knew joined in a fight between members of his own species readily, but became a peacemaker when he saw two oxen or two fowls fighting. The latter tendencies were the results of mixed impressions. Constraint as well as reward becomes an efficient means of training in horses.

In man, outside pathological domains, prevailing impressions have been known to carry him very far, although they are not so likely to become purely reflex as in other animals, and avenues to impressions through psychic centres increase the number and range, at least, of these. In training one is less concerned with the laws of reflex actions than with the influence of associated stimuli. Sound, odour, light, cooling of the skin surface locally, heat, local rubbing of a peculiar kind, have been made to produce salivation (Pawlow, and his pupils, Boldyrew, and others). Terror, fascination, hypnotism are among the effects of impressions received from without. Birds, fish, and crustacea have been hypnotized.

These find parallels in the psychic effects of certain medicines in man that have the therapeutic effects they are expected to produce. One has a better chance of seeing some reflex operations and of seeing their growing automatism in the lower animals. An Irish terrier showed a disposition to kill poultry. He was cured by inflicting a certain amount of pain in the region of his tail. Some time after the cure was complete this young dog quite ran away from a flock of chickens he happened to meet when following his master. There are other instances comparable in intention with some of the stories told to intimidate or horrify the youthful mind in man. In animals the cure is often worse than the disease. It is said that in man some of the peculiar troubles associated with neurasthenia and ending with the termination *phobia* may be traced to these psychic horrors of childhood. Amongst persistency of impressions I may mention the instance of a dog licking his lips when he sees a friend who gave him sugar on previous occasions. The influence of glands (internal) has attracted the attention of a good many observers. Dr. Laignst Lavastine has suggested that the psychic effects of diseases of the closed glands, adenoids, thyroids, etc., should claim the attention of physiologist, pathologist, anatomist, and therapeutist.

It is not too much to suggest that the study of change of activity associated with gland change comes within the domain of the working biologist. Human activities in some of their simplest phases may be studied in domestic animals and some others less familiar to us. If attention be paid to the details of training one cannot fail to gain clearer results with reference to the aspects of human movements.

THE eighty-fourth meeting of the German Association of Scientists and Medical Practitioners, recently held at Münster, was very successful. Next year the meeting will be held at Vienna, under the presidency of Professor H. H. Meyer.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

THE TUBERCULIN TREATMENT OF CONSUMPTION.

THE correspondence on this subject interests the majority of the profession profoundly. The mode of using this potent agent, tuberculin, is one that can hardly be settled by definite laboratory biological experiment—its action and reactions are admittedly so complicated. The data for its beneficial administration must therefore be worked out clinically. I have had the pleasure of hearing Dr. Camac Wilkinson lecture on the subject, but I regret to have to say I knew as much about his massive doses before as I did afterwards, and that was nil. My friend, Fleet Surgeon Acheson, R.N., and others, have borne testimony of the good results they have seen in his tuberculin dispensary, so no doubt the treatment he adopts is productive of great good.

I have been using tuberculin in the treatment of consumptives in the in-patient and out-patient departments of this hospital for six years. At first I used T.R. according to the directions issued with the preparation, but my results were worse than unsatisfactory as a rule. I now use mixed tuberculin, T.R. and *Perlsucht-tuberkulin*, which I dilute and mix myself, and my results are decidedly good, but preparatory treatment is invariably adopted. Cod-liver oil and minute doses of creosote are always given for a few weeks first. If the sputum is profuse and especially if there are symptoms of mixed infection (hectic, etc.), moist continuous inhalations of formalin, iodine, menthol, etc., are used until this is corrected. Haemorrhage is completely controlled. The patient, in other words, is prepared for the course, and of late my preparation does not end at this. Now for five days before giving a tuberculin injection $\frac{1}{40}$ to $\frac{1}{30}$ of a grain of strychnine hydrochloride is injected intramuscularly daily. Since I have used this latter preparatory treatment no bad results of any kind have followed the tuberculin injections, and I find I can give large doses more quickly. I might theorize much on how the strychnine acts, so can anybody else, and I will leave it at that. Strychnine by the mouth has not the same good effects: it will often cause griping and diarrhoea. The drug administered intramuscularly seems to exert a decided beneficial effect all round, improving the general condition and appetite, and helping to clear the sputa of tubercle bacillus.

JOSEPH H. WHELAN, M.D.,
Fleet Surgeon, R.N.(ret.)
Royal Hamadryad Seamen's Hospital, Cardiff.

TREATMENT OF CHRONIC DYSENTERY BY EMETINE SALTS.

IN confirmation of Dr. Leonard Rogers's instructive papers in the JOURNAL of June 22nd and August 24th last, it may be of interest to record the successful treatment of a case of chronic dysentery of ten years' duration by hypodermic injections of emetine hydrochloride.

The patient, a male aged 40 years, acquired dysentery in the Boer war in 1901 and again in 1902. Although discharged from hospital as cured his motions had remained very frequent, accompanied by a good deal of tenesmus. When he came to me in July last he had about ten or eleven evacuations daily, mostly of mucus and blood. If he contemplated a walk of any distance he had to plan out places of call beforehand.

After reading the successful results recorded by Dr. Leonard Rogers in his first paper, I thought it a pity not to give the man a chance of cure, although I rather hesitated when I found it noted that the South African dysentery was not of the amoebic form. I explained this to the patient as far as I could, and told him he must not rely on benefiting by the treatment, but his constant ill health and the annoyance was so great that he was willing to take his chance. The solution used was 1 grain of emetine hydrochloride in 30 minims of water. Starting with $\frac{1}{6}$ grain dose, this was increased to $\frac{1}{3}$ grain, then $\frac{1}{2}$ grain. In all nine injections of the solution were given, totalling $2\frac{2}{3}$ grains of the salt.

Immediate improvement resulted; some days before the termination of the treatment his bowels acted normally

once a day, the stools being of a natural consistency. This was in July, and he has remained well till now. No vomiting or other drawbacks occurred; there was slight local irritation at the sites of injection.

Possibly half the quantity of the drug might have sufficed, but considering the duration of the disease it was thought better to give more than might be absolutely necessary rather than risk giving too little.

London. J. WARD LAWSON, M.R.C.S.Eng.

EPIDEMIC JAUNDICE.

OCCASIONALLY during the past fifteen years I have had to deal with epidemics of jaundice occurring in the spring and summer months. This year an epidemic has again broken out, and as the disease is much more severe in its onset, intensity, and duration, I think it is worthy of record.

The age incidence is from 6 to 16 years, and a typical case runs as follows: The child is noticed to be sick, looks pale, and has little or no appetite. On the same evening pains in the back and legs are complained of, and the patient is put to bed. The pulse is quick. The skin is felt to be hot, and if the temperature is taken the thermometer will register 100°–102°. Next day there is great tenderness over the epigastrium; the liver is found to be enlarged, quite tender to the touch, and there is enlargement of the spleen. Slight icterus of the conjunctiva is present, and the bowels are constipated. The urine is very dark, from the presence of bile pigments. On the evening of the second day vomiting sets in, lasting twelve to eighteen hours. The jaundice now is very deep, and the pulse slows and great prostration is complained of. The discoloration remains for an uncertain period; usually lasting a few weeks, it went on in one of my cases to two months, so much so that I feared sarcoma. He, however, gradually improved, and is now quite restored to health.

Wet seasons seem to favour the outbreaks, and as this has been an exceptionally wet summer it would be interesting for me to know if others have met similar cases. The incubation period seems to be rather long, varying from five to twenty-one days.

I believe these cases to be a mild type of Weil's disease, though the age incidence and length of the fever do not tally with the meagre description in the textbooks. The points in favour of my view are (1) the great weakness, (2) the intensity and duration of the jaundice, (3) the feverish onset, (4) the season in which the outbreak occurs.

The treatment was simple. If the bowels had not been relieved an enema was administered. A mixture of sod. salicyl., tinct. rhei. co., and inf. gent. was prescribed, and later, tonics. The diet consisted at first of skim milk, and later on beef-tea, toast, etc. All the patients recovered.

EDWARD LYONS, M.D.,
Dunlavin, co. Wicklow. D.P.H. (Univ. Dubl.).

WIRING THE SAME FRACTURED PATELLA TWICE.

THE cases recorded in the JOURNAL of June 1st and 8th are paralleled by one that I had to deal with nearly ten years ago. In November, 1903, a woman aged 42 was admitted to the South Devon Hospital with a fractured patella of six weeks' standing, and I wired the fragments, the patient going out in a knee splint seven weeks later. In three months she was readmitted, having fallen downstairs while intoxicated, and re-fractured the same patella. I re-wired her, using two strands, and reinforcing the aponeuroses with kangaroo tendon, and she made a good recovery. I saw her afterwards with a very useful knee.

C. E. RUSSEL RENDLE,
Late Assistant Surgeon, South Devon and East Cornwall Hospital.

DEATH SOON AFTER THE USE OF DIPHTHERIA ANTITOXIN.

ON July 25th, 1912, I was called to see a child, aged 2 years and 10 months, because it was "choky in the chest." I found that it had a sore throat; there were yellow patches on both tonsils. The throat had more the appearance of a septic throat than that of diphtheria, but I thought it advisable to give a dose of diphtheria antitoxin, and gave 4,000 units. The child, whilst I was preparing my syringe, etc., was crying excessively; the cry was not at all hoarse, and there was no question of laryngeal obstruction. This was at about 3 p.m. I left the house not feeling alarmed about the child, as it did not seem seriously ill. An hour afterwards convulsions set in, and, in spite of treatment, the child died at 6.45 p.m. The child had had no injection before. It was not subject to bronchitis. There was no bleeding from the needle puncture, and the serum formed a big swelling subcutaneously, so it is not likely that I punctured a vein. No *post-mortem* examination was made.

Durham. ARTHUR PAIN, M.R.C.S., L.R.C.P.

RAPID RECOVERY AFTER OPERATION FOR CHRONIC APPENDICITIS.

PRIVATE U., Sherwood Foresters, was operated on for chronic appendicitis on June 15th, 1912, under spinal analgesia. The appendix was much inflamed, twisted twice on its long axis, and also kinked. It was removed through an inch incision close to the anterior superior spine and by splitting the muscles. He left hospital to attend as an out-patient fourteen days later. He started on July 15th to train for a "Marathon race," and at first was able to do four miles. This distance he increased to six miles after a fortnight's training, and he can do eight miles now without discomfort. His time for six miles is 46 minutes. I may add that this has been done without my knowledge, but he seems none the worse for his exertions.

F. J. W. PORTER, D.S.O.,
Secunderabad. Major, R.A.M.C.

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

GREAT YARMOUTH HOSPITAL.

A CASE OF DELAYED CHLOROFORM POISONING.

(Under the care of Mr. HENRY WYLLYS, F.R.C.S.Edin.)

[Reported by JOSEPH GEOGHEGAN, M.B., Ch.B.Edin., late House-Surgeon.]

ON July 14th, J. A., a girl aged 16, was admitted with the following history. On July 11th, in the late afternoon, she was seized with a sudden attack of severe pain in the abdomen. She had been constipated for four days, and had during the day or two immediately before suffered from some uneasiness. The pain continued intermittently, and on the evening of July 12th she called in the doctor, who found the temperature 100°, pulse 108, tongue dirty, abdomen not distended but tender on deep pressure, 1½ in. inside the right superior iliac spine. She had been sick several times. Her bowels had acted once that day, after a Seidlitz powder. Next morning her temperature was 100.6°, and pulse 110; the abdomen was more tender, but she had not been sick. Before sending her into hospital, which was done the following morning, an enema was given, with two good results.

When admitted under Mr. Wyllys the temperature was 101°, pulse 128, respirations 32; urine acid, specific gravity 1020, no sugar or albumen. Her tongue was furred and dirty, and the skin sallow and hot, but her general appearance was good. The abdomen was tender on the right side and flank, and particularly posteriorly above the crest of the ilium. Dullness could be made out in the right flank. Below the umbilicus the abdomen was rigid, the right rectus being the more resistant. There appeared to be a tumour in the right iliac fossa.

Enemas were given, one in the forenoon and another in the afternoon, with good results; hot fomentations were changed every four hours. In the afternoon the temperature rose to 102.4°, but the pulse subsided somewhat. The operation was performed at 9 p.m., the incision being carried higher and more towards the flank in the belief that a retrocaecal position of the appendix existed, and such was found to be the case. The appendix was kinked, gangrenous, and adherent to the caecum; some fluid was present, but of no particularly offensive odour. A portion of the adjacent caecum, about 2 × 1 in., was sloughy, and all the surrounding tissues were oedematous, soft, and inflamed. Fresh easily-broken down adhesions shut in the infected area. The appendix was removed

Obituary.

JOHN E. RANKING, M.D., F.R.C.P.,

SENIOR PHYSICIAN, TUNBRIDGE WELLS GENERAL HOSPITAL.

DR. J. E. RANKING, of Tunbridge Wells, died on September 11th, in his 63rd year, as the result of a motor accident. His car was going down a hill at Bexhill, when, in order to avoid a woman, the driver applied his brakes sharply, and the car skidded and overturned. Dr. Ranking sustained severe injuries, from which he succumbed two hours later, while Mrs. Ranking was also badly hurt. He was born at Hastings, where his father, Mr. Robert Ranking, was engaged in practice, and received his early education at Aldenham School and Hertford College, Oxford; he afterwards went to St. Bartholomew's Hospital, and took the diplomas of M.R.C.S.Eng. and L.S.A. in 1874; he graduated M.A. and M.B.Oxford in 1876, and proceeded to the M.D. in 1879. He was for a time prosector of anatomy at the Royal College of Surgeons of England, and in 1880 became physician to the General Hospital, Tunbridge Wells, a post which he retained until his death, being at that time senior physician. He was President of the South-Eastern Branch of the British Medical Association in 1898–99. He held a leading position as a physician in Tunbridge Wells, his opinion being highly esteemed as a consultant. He married the eldest daughter of the late Dr. Duncan, of Tunbridge Wells, and leaves two sons, both members of the medical profession, and three daughters.

DR. MATTHEW BURKE SAVAGE, a well-known Dublin physician, died last week at his residence, 8, Rutland Square, Dublin, aged 46. He had been in ill health for some time. Dr. Savage was the eldest son of the late Dr. Savage of Newry. As a student he distinguished himself in the Catholic University Medical School, Cecilia Street, being a double Leonard prizeman. In 1889 he won the gold medal in clinical medicine, and the only medal awarded in surgery in the Mater Misericordiae Hospital. He was first appointed demonstrator of anatomy in the Cecilia Street School, and resident physician in the Mater Hospital. He next became physician in the extern department of St. Vincent's Hospital, and subsequently visiting physician to Jervis Street Hospital and to a number of private hospitals and nursing homes. About twenty years ago he started practice in Dublin. He was an expert in pulmonary diseases. In spite of his large practice he was keenly interested in sport, and for some time had racehorses in training at the Curragh.

A REUTER telegram from London, Ontario, announces the death of Dr. J. STUART DICKIE, until recently senior demonstrator of anatomy at Queen's University, Belfast. He had been appointed Professor of Anatomy at the Western Medical College, and had gone out to Canada to take up the duties of that office. He graduated M.B., B.Ch., B.A.O., R.U.I., in 1905, with first class honours, and won an exhibition. He took the degree of M.D.Belfast in 1910. He had been senior and junior house-surgeon at the Miller Hospital, Greenwich, and house-physician at the Canterbury Hospital.

Universities and Colleges.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

Departments of Bacteriology and Public Health.

MORE accommodation has for some time been urgently needed in the departments of bacteriology and public health. This has now been provided, with the sanction and approval of the university, by the removal of these departments with their staffs to 62, Chandos Street, Strand, W.C. (Charing Cross Medical School buildings), where an excellent suite of laboratories is at present vacant owing to the transference of the classes for preliminary and intermediate medical studies of the Charing Cross Medical School to King's College. The laboratories at Chandos Street are being altered and refitted, and the accommodation there provided will comprise a large class laboratory, research laboratory, professors' laboratory, and lecturers' laboratory for the departments of bacteriology and public health respectively, a photomicrographic laboratory, preparation and animal rooms, a large theatre, office and library for the joint use of the two departments. The regular courses of instruction in bacteriology, clinical pathology, and photomicrography, and for the diploma of Public Heath will be given there, and research and investigation work for public bodies and others will also be carried on as before. The new laboratories will be opened on or about October 1st; those vacated at King's College by this removal will be utilized for increasing the accommodation for the preliminary and intermediate medical studies.

LISTER INSTITUTE OF PREVENTIVE MEDICINE.

During the winter session a series of lectures dealing with problems in hygiene and preventive medicine will be given on Wednesdays and Fridays at 4 p.m., beginning on Wednesday, October 16th. The lectures will be addressed to advanced students; students of the university will be admitted free, while others can obtain a card of admission on application to the Secretary. On October 16th, 25th, 30th, November 6th and 13th, Dr. Dean will lecture on recent work on the serum reactions; on October 18th and 23rd Mr. Bacot will lecture on the binomics of fleas and on the method of rearing them for experimental purposes. On November 1st, 8th, and 15th Mr. Greenwood will discuss some methods of epidemiological research, and on November 22nd, 29th, and December 6th Dr. Ledingham will review some problems of immunity. Mr. Atkin will lecture on the electrical method of determining the reaction of fluids on November 20th and 27th, and Dr. Penfold will discuss studies in bacterial variations on December 11th and 13th.

The Services.

THE SANITARY COMMISSIONER WITH THE GOVERNMENT OF INDIA.

THE Government of India has issued a resolution on the position of the Sanitary Commissioner with the Government of India and the question as to what changes are necessary in the functions and duties of the appointment so as to increase its utility and efficiency. The resolution takes a retrospect from 1880 to March, 1911, when, owing to the lamented death of Colonel Leslie, the Director-General of the Indian Medical Service, was appointed to hold charge of the duties of Sanitary Commissioner in addition to his own duties. The resolution proceeds:

In the meantime the entire question was carefully reconsidered by the Government of India, with special reference to certain disadvantages which had resulted from the entire separation of the appointment of Director-General, Indian Medical Service, and Sanitary Commissioner. They were advised in particular that the divorce between the sanitarian and clinician which resulted from that separation had led both to the loss of administrative efficiency and to the unpopularity of the specialized bacteriological and sanitary departments. Increasing difficulty was experienced in recruitment, and the closer co ordination of research and practice appeared essential if more rapid progress was to be made in the improvement of public health and the prevention of disease. Moreover, the claims on the Sanitary Commissioner's time for office and bacteriological work cut short the period of touring and rendered it difficult for him to be in such close touch with the local authorities as was desired. After correspondence with the Secretary of State and local governments, it has now been decided that a remedy for the defects of the existing system can be best provided by a systematic modification of the functions of the Sanitary Commissioner; and the appointment has, therefore, been revised on the same terms as regards designation, pay, and term of tenure as before, with a view to secure the better co-ordination and co-operation of the sanitary and medical departments.

It has been decided that the Sanitary Commissioner shall in future be subordinate to the Director-General, Indian Medical Service, to the extent originally recommended by the Government of India in 1904, and that work connected with the bacteriological research shall also be placed under the latter officer. In regard to administrative questions and matters affecting the *personnel* of the sanitary services, the Sanitary Commissioner will be in the position of a staff officer to the Director-General, Indian Medical Service. He will be given independent authority in technical sanitary matters, with power as at present to correspond direct with the Government of India. He will occupy the position in regard to local governments and the officers under them laid down in paragraph 12 of the Resolution No. 1273/1290, dated September 8th, 1904. In order to relieve him of as much routine work as possible, the office establishment of the Sanitary Commissioner and the Director-General, Indian Medical Service, will be amalgamated. The statistical officer will in future assist the Director-General, Indian Medical Service, in the control of the sanitary section of the office as well as in the guidance of research work and the bacteriological department. His designation will be altered to that of Secretary to the Director-General, Indian Medical Service (Sanitary). The Sanitary Commissioner will, under these arrangements, be able to tour freely and regularly throughout India with a view to co-ordinate the lines of development, to inspect works of sanitation actually in progress, to advise on

differentiation between the needs of urban and rural districts, it is far from being correct at the present time. As long ago as 1901 the Local Government Board compiled a model series of by-laws having special reference to rural districts, and there has of late years been evidence of a desire on the part of the Board to lessen, as far as possible, restrictive regulations. In a circular letter dated August 29th, addressed to both urban and rural district councils, the Board points out that new methods of construction and design almost inevitably demand periodical revision of by-laws, and offers to render assistance to those authorities who may desire to modify their existing by-laws by referring them to clauses which have been embodied in series already adopted, or by such other suggestions as may be practicable. The Board goes on to say that in many parts of the country (and especially in rural districts) there is great need for better cottage accommodation, so that rural district councils should be careful to see that the requirements of their by-laws, whilst prescribing conditions essential to health, are not such as to offer any impediment to the erection of suitable dwellings. It appears that the Board has tentatively framed, for working purposes, a series of by-laws, intermediate in character between the urban and rural model codes, suitable for rural areas which are beginning to assume urban characteristics. This series contains the same clauses with respect to the level, width, and construction of new streets as the urban model, but includes only those clauses concerning the structure of walls, foundations, roofs, and chimneys of new buildings which are the most important for securing stability and the prevention of fires and for purposes of health. It also contains a special clause partially exempting small dwellings, where sufficiently isolated, from the structural requirements relating to walls.

OPERATIONS BY DISTRICT MEDICAL OFFICERS.

IN reply to a correspondent, we may point out that no Poor Law medical officer can be ordered by his Board to perform any operation. If a lawful order be issued by the relieving officer, a medical officer is bound to attend any one residing in his district, but he is the sole judge of the kind of treatment necessary. In the case mentioned he might not think it desirable in the interests of the patient that the operation should be performed at the patient's house, and can recommend his removal for that purpose to the Poor Law infirmary. Again, he may consider it inadvisable to do any operation, and may prefer other treatment.

Medico-Legal.

PERPLEXED.—A registered practitioner possessing the diplomas of M.R.C.S. and L.R.C.P. has the legal right to practise dentistry, and, registered medical practitioners having been exempted from the prohibitory clauses of the Dentists Act, can use any title such as dentist or surgeon dentist. Most of the dental schools admit qualified medical men to a shortened and modified course of instruction, but it would take some time to acquire the requisite knowledge and manual dexterity.

WORKMEN'S COMPENSATION CASES.

Epilepsy or Accident.

IN a case at Salford (May 20th) it appeared that the late husband of the applicant was thrown from his lorry owing to his horse being startled by a motor vehicle. He was picked up unconscious with wounds in one of his legs, and became an in-patient at the Salford Royal Hospital until December 9th, and an out-patient until February 9th, when he was readmitted in a state of unconsciousness due to an epileptic fit. This was followed by a succession of fits, until death occurred ten days later.

Dr. E. W. Archer said that it was extremely rare for persons 34 years of age to have epileptic fits of this kind without any apparent cause. There was one form of epilepsy which might have resulted from the wounds in the leg, or in the fall from the lorry an injury to the head might have set up a cause.

For the defendants, Dr. Tylecote said that a man might have a form of epilepsy unrecognized for many years. The attacks might be very slight, and occur only during the night. Later they might become typical and be recognized for what they really were. He concluded that this was the case with the deceased, as there was nothing to account for his epilepsy. If it had come from the wound it must either have been accompanied by meningitis or been caused by some germ entering the blood through the wounds, and there was no evidence of either.

The judge said that for the non-medical mind it was difficult to resist the feeling that in this case there was some connexion between the accident and the convulsions which resulted in exhaustion and death. But whilst one sympathized with the widow and mother and children, that was not the test the court had to apply. He was bound to give his decision in accordance with the law as expounded in various cases, the result of which was that the applicant had to satisfy him that death was actually due to the accident. Nobody could say definitely that there was any tangible connexion between one and the other, and therefore there must be an award for the respondents.

Medical News.

SIR RICKMAN J. GODLEE, President of the Royal College of Surgeons, will distribute the prizes at the Royal Dental Hospital, Leicester Square, on Tuesday, October 22nd, at 5 p.m.

THE course of lectures and demonstrations at the Queen's Hospital for Children, Hackney Road, will commence on Friday next at 4 p.m., when Dr. Sydney A. Owen will give a lecture on heart disease in young subjects.

AT the meeting of the Society for the Study of Inebriety to be held on Tuesday, October 8th, at 4 p.m., at the house of the Medical Society of London, Chandos Street, W., Dr. Herbert Rhodes will open a discussion on alcoholism and tuberculosis.

The opening meeting of the thirty-first session of the West London Medico-Chirurgical Society will take place at the West London Hospital on Friday next at 8.30 p.m., when the President, Mr. G. P. Shuter, will deliver an address on the history of nitrous oxide anaesthesia.

THE King has granted permission for the Hammersmith memorial to the late King Edward VII, which takes the form of an endowed cot in the West London Hospital, to be called "King Edward VII Memorial Cot." The tablet to be placed over the cot will be surmounted with the Royal Arms.

THE annual meeting of the Continental Anglo-American Medical Society will be held on Saturday, October 12th, at 4.30 p.m., at the residence of the Honorary Secretary, Dr. Robert Turner, 42, rue de Villejust, Paris. The annual dinner of the society will be held the same evening at the Majestic Hotel, Avenue Kléber, at 7.30 p.m., when the chair will be taken by Sir Bertrand Dawson, K.C.V.O., Physician to the London Hospital. Members intending to be present are requested to communicate with the Honorary Secretary.

THE French Congress of Surgery will hold its twenty-fifth annual meeting in Paris in October (7th to 12th), under the presidency of Inspector-General E. Delorme. The following questions are on the programme of discussions: 1. Diagnosis and treatment of cicatricial strictures of the oesophagus (to be introduced by MM. Guisez, of Paris, and Moure, of Bordeaux). 2. The clinical indications supplied by radiology in surgical affections of the stomach and intestine (to be introduced by MM. Béclère, of Paris, and Méricl, of Toulouse). 3. Coxa vara, its relations with fractures and separations of the epiphyses of the upper end of the femur (to be introduced by MM. Kirmisson, of Paris, and Froelich, of Nancy). During the congress there will be an exhibition of surgical instruments, medical electrical appliances, dressings, etc., in the great hall of the Faculty of Medicine.

IN a pamphlet on *Legislation for the Protection of Women*, Lord Charnwood argues that remedial legislation may scatter injustice and lead to worse evils. Whilst agreeing that the law relating to affiliation orders needs improvement, he recalls that "the benevolently intended provisions of the old Poor Law produced terrible demoralization in many country villages by making illegitimate children desirable assets to a household." Lord Charnwood approves the provision of the "White Slave Traffic" Bill, which gives the police power to arrest offenders without a magistrate's warrant, but thinks that the greatest check to this traffic will be concerted action between different countries. Many countries have special officers to suppress the evil, but it is somewhat discouraging to learn that though some years have been spent in negotiations no concerted action has been adopted for punishing offenders.

A COURSE of lectures on common sense cooking in health and disease, intended primarily for health visitors, nurses, and voluntary health workers, will be delivered at the house of the Society of Medical Officers of Health, 1, Upper Montague Street, Russell Square, W.C., during October. The course will be conducted by Dr. F. S. Toogood, Medical Superintendent of the Lewisham Infirmary, with the assistance of Dr. Reginald Dudfield, M.O.H., Paddington, Dr. R. A. Lyster, County Medical Officer of Health for Hampshire, Dr. Joseph Priestley, M.O.H., Lambeth, and Mr. William Lawton, executive secretary of the society. At the first lecture, on Wednesday, October 16th, at 2 p.m., the chair will be taken by Sir William Collins. On October 23rd a visit will be paid to street markets, the Central Meat Market, and the Fish and Game Markets, under the guidance of Dr. Toogood and Mr. Lawton.