Wales under one year of age, and nearly 40,000 of these died in the first month of life. Out of 1,000 births 11.5 children die in the first twenty-four hours of life, 24.6 infants in the first week, 30.3 in the first fortnight, and 39.75 during the first month. Roughly speaking, out of every 10 children who die in the course of their first year of life, 4 die in their first month.

If the nation could come to look upon maternity as a blessing and worthy of every encouragement and support, and could secure to the newborn child a month's healthy start in life, many of these babes who now die from the ignorance of their mothers, from unhealthy environment, or improper or insufficient food, would survive. It must be remembered, too, that a healthy child who has survived the first month of life has every chance of growing up well, for it is the weakling who dies, not the robust child of a happy, healthy mother. Infantile mortality is being greatly diminished in localized areas by organized home visiting and nursing, and by special effort to encourage lactation instead of artificial feeding, and if the nation, as a result of its appreciation of motherhood and of the greater relative value of the life of the newborn, can make these local efforts a national one, and at the same time avoid the moral disaster of pauperization, the race cannot fail to be improved, and the wealth and stability of our country thereby must be proportionately increased. Our Section will not fail to encourage progress in the scientific portions of such an obstetric ideal.

REFERENCES.
[1] BRITISH MEDICAL JOURNAL, October 28th, 1911, p. 1118. [2] *Lancet*, October 14th, 1911, p. 1085. [3] *Deut. med. Woch.*, No. 22, June, 1911. [4] Address delivered before the Liverpool Medical Institution, March 6th, 1913. [5] BRITISH MEDICAL JOURNAL, November 1st, 1901, p. 813. [6] Amand Routh, *Journ. Obstet. and Gyn. of the British Empire*, vol. xix, 1911, p. 48. [7] *Arch. mens. d'obstét. et de gynéc.*, ann. 1, No. 10, 1912, pp. 162, 176. [8] *Journ. de méd. de Bordeaux*, No. 17. [9] *Transactions*, vol. xxxiii, p. 203.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF NON-FATAL VERONAL POISONING.

ON account of the largeness of the dose, among other reasons, the following case of veronal poisoning seems worth recording. The patient, a man aged 45, who had been in the habit of taking veronal freely on account of sleeplessness, was admitted to hospital in a totally unconscious condition. His face was flushed, the cheeks puffed out at each respiration, and the breathing was stertorous; there was no corneal reflex, and the pupils were insensitive and unusually contracted. There was also incontinence of urine and faeces.

As no history could be obtained, and the symptoms pointed to poisoning from some preparation of opium, the stomach was washed out with a weak solution of potassium permanganate, while $\frac{1}{50}$ gr. atropine sulphate was given hypodermically and repeated twice within the next two hours. Hot coffee was also given rectally at intervals.

Immediately after the gastric lavage the corneal reflexes returned, but otherwise the condition remained unaltered until four days after admission, when signs of returning consciousness appeared. The patient then gradually improved, and was, on the fifth day after admission, able to give a definite history of what had happened. He stated that he had taken 125 gr. of veronal in one dose.

It is a point of interest that the symptoms differed entirely from those usually associated with veronal poisoning, and that the treatment adopted would have been regarded as contraindicated had we known that veronal was the poison taken; its tendency was to lock up the secretions rather than to increase them by means of diuretics. Nevertheless the patient recovered, though the dose taken was, so far as I can learn, one of the largest ever swallowed without a fatal result.

Let me also add that as the stomach washing took place at least five hours after the poison had been taken, it was probably useless, for I understand that veronal leaves the stomach within the first two or three hours after its introduction. Hence practically the whole of the poison taken must have been absorbed, and yet the patient recovered.

Bradford. J. BROWNING ALEXANDER, M.B., Ch.B.

ETIOLOGY OF BERI-BERI.

THE memorandum at page 1271 of the JOURNAL of June 14th is interesting, and I have no doubt similar evidence could be supplied from all countries in which beri-beri is endemic.

I cannot quote statistics or figures from the official reports of the Brazilian sanitary authorities as I have not the opportunity of seeing them here, but I can state certain facts in regard to the province of Matto Grosso, in the far interior of Brazil—facts which ought to be faced by those who are seeking proofs of the "polished rice" theory of beri-beri.

The facts are the following:

1. Beri-beri has occurred and does occur in the southern Amazon regions, and in Matto Grosso in people who have never eaten rice of any kind at all.

2. Members of the various expeditions sent by the Brazilian Government for the defining of frontiers between Matto Grosso and Bolivia or Peru, and of the exploring and surveying expeditions of railway and telegraph companies in the heart of Matto Grosso, who sickened of beri-beri, had come from other provinces and had been polished-rice eaters all their lives, but had never contracted beri-beri until they came to the districts where that disease is endemic. Why had they not contracted beri-beri in Rio de Janeiro or in Rio Grande do Sul, where they had similar conditions of climate and temperature in which to eat their polished rice as they had when they went to the beri-beri districts of Matto Grosso? I know of Brazilian military men who were invalided down country from Acre on the Brazilian-Peruvian frontier, where they had contracted beri-beri. They ate polished rice amongst other things provided in their rations, but they had always eaten polished rice before going there. A German friend of my own, an explorer and geologist, accompanied an expedition to the far north of Matto Grosso. Forty members of the party died of what from my friend's description I consider was beri-beri. Yet these people had eaten polished rice for years before going to the beri-beri country.

3. In my own practice I have had various cases of beri-beri brought to me from Matto Grosso. The curious thing about those cases, which were undoubted examples of beri-beri, was that the patients were of the farming agricultural class, who grew their own rice, cleaned it themselves, and ate it brown in the grain, and had never, except perhaps by accident, eaten imported polished rice, and yet there they were—prostrate with beri-beri.

All due credit must be given to the earnest investigators who are seeking out the etiology of this obscure disease, and due consideration ought also to be given to the views of those who do not hold the current theory. Let us hope the investigators get outside their laboratories and study the disease of beri-beri in the countries where it is endemic. For there are many who see the cases and know the regions from which they come that cannot accept the food theory of its etiology, but believe that the causative agent is to be found only in the endemic districts.

Belén, Paraguay. J. W. LINDSAY, M.B.

As one who has suffered from beri-beri it is with the keenest interest that I note any observations in regard to it, and I feel that the present accepted theory as to its cause at least requires modifying; there has been too great a tendency to accept the case for vitamin deficiency as proven, if made, to refer to rice dietary only.

In the BRITISH MEDICAL JOURNAL of September 14th, 1912, there is, in a lecture by Dr. Leonard Hill, on the Influence of Muscular Exercise and Open Air on the Bodily Functions (p. 601), a statement which I had hoped would be referred to by somebody interested in the subject. Alluding to the Labrador fishermen, whose diet is quoted as in the main "white bread, tea stewed in the pot till black, fish occasionally, a little margarine and molasses . . . old dark-coloured flour" (note there is no mention of rice), he says: "In consequence of this diet beri-beri has become rife to a most serious extent, and the hospitals are full of cases."

The valleys of the Amazon and its tributaries furnish a larger number of cases than is ordinarily supposed. In a paper by my late chief, Dr. Carl Lovelace, of the Candelaria Hospital, Porto Velho, Brazil, published in the

Journal of the American Medical Association, December 14th, 1912 (vol. lix, pp. 2134–37), figures for the period January 1st, 1908, to January 1st, 1912, are given. Of 30,430 admissions, 963 were diagnosed as beri-beri. As my own case forms one of the number, and as I resided in the country for a year previous to being invalided out, I can speak with authority as to the diet not containing rice in a sufficiency to have a causal relation to the beri-beri incidence.

Brazilians of the peasant class, rubber gatherers (*seringueros*) and river men, etc., who are those most frequently affected, live on cassava (*farinha*), dried meat (*xarque*), bacon and red beans, with some rice and bananas when obtainable; but not on rice as a staple.

Personally for six months I ate no rice, and for a further six months only in curry, and that as an aside to a liberal diet of fresh meat and fish, eggs, fruit, vegetables, including potatoes and bread; in all twelve months not more than 2 pints of rice were eaten in any form. Alcohol as a cause of the neuritis, venereal disease, and malaria can be absolutely excluded.

These facts are given in the hope that some further light may be thrown on the causation of a disease whose etiology still seems to require investigation. Deficiency there may be, but some additional determining factor seems to be indicated, some complement wanted.

JAMES D. LAIDLAW,
Late Surgeon with the Madiera Mamoré Railway, Brazil.

A NOTE ON THE ACTION OF MESCAL.

SOME years ago I carried out a series of personal experiments, in conjunction with Dr. Havelock Ellis, on the effects of the reputed deliriant mescal (*Anhalonium lewinii*), making use of a strong infusion of the seeds or "buttons" of the plant; but, in my own case, with entirely negative results.

The full dose of the fluid extract of anhalonium (Parke, Davis, and Co.) is given in the *Extra Pharmacopoeia* as ɱx. I recently swallowed ɱl diluted, on an empty stomach, but again with negative results. However, acting on the advice of a literary acquaintance, a latter-day magician well known in the West End of London, who claims to have administered this form of the drug to hundreds of his clients, I proceeded to a dose of ɱc.

Fifteen minutes afterwards I experienced slight dyspnoea accompanied by transient headache, which symptoms were rapidly followed by intermittent tetanoid spasms in the hands and feet, and with a sensation of general *bien aise*. A sense of egotistical concentration, together with a delightful feeling of irresponsibility towards one's surroundings, succeeded, and lasted, in all, eleven hours.

No spectral illusions were present, however; neither there was any vertigo nor subsequent drowsiness.

The heart was accelerated during the whole of the period, the radial pulse varying between 80 and 90. The pupils were unaffected, and the digestive powers were undiminished.

London, S.W. BERNHARD SMITH, L.M.S.S.A.

Reports
ON
MEDICAL AND SURGICAL PRACTICE IN HOSPITALS AND ASYLUMS.

KASHMIR MISSION HOSPITAL.

A CASE OF CALCULI IN THE KIDNEY, URETER, BLADDER, AND URETHRA.

(By ERNEST F. NEVE, M.D., F.R.C.S.Edin., Surgeon to the Hospital.)

THE following case presents some unusual features. The patient was a Mohammedan, aged 36, who was admitted to the hospital with a history of pain in the vesical region, associated with difficulty in micturition for the previous five months.

On examination the urine showed an abundant deposit of uric acid and oxalate crystals, together with pus corpuscles and epithelial cells; it was also found that the urethra was partly obstructed.

On December 9th, 1912, two stones were removed by Dr. Jeffries from the urethra, and another small one was crushed and washed out of the bladder.

For the next twelve days or so the patient was more comfortable, but on December 22nd there were renewed symptoms of vesical irritation. A skiagram was taken, and showed a dark line running vertically downwards parallel with and one inch from the right border of the lumbar vertebrae.

Consequently on December 23rd, and with the kind help of Dr. Jeffries, I performed nephrolithotomy. One stone, weighing 85 grains, was removed from the kidney substance, and three from the renal pelvis. These weighed respectively 84, 30, and 20 grains, and were highly polished; the largest was branched. Four other calculi were removed with a scoop from the ureter about four to five inches from its attachment to the kidney. These averaged 15 grains each, and were also like polished marble. A lithotrite was then passed into the bladder, in case any stones had been pushed down, but none were found.

The wounds in the kidney were carefully closed with fine silk, and the line of parietal incision closed with sutures and without drainage. Healing took place by first intention, and was uneventful, except that on the first two evenings after the operation the temperature rose to 99.8° F.

REMARKS. — The somewhat dilated ureter no doubt favoured drainage of the kidney through the bladder. It is uncommon to find such a wide distribution of calculi. In the absence of renal colic or localized pain, the recognition of stones lodged in the ureter is not easy, but in such cases a distinct *x*-ray shadow at once draws attention to their presence.

Reports of Societies.

WIGAN MEDICAL SOCIETY.

AT a meeting on May 29th, Dr. J. THOMSON SHIRLAW, the President, in the course of a paper on the *Treatment of inoperable cancer by gland substances*, showed a patient, a woman aged 47, who had been treated by him since the end of July, 1911. When first seen she had a ragged ulcer with infiltrated edges on the right side of the pharynx, involving the oesophagus. The case was sent to Mr. Thelwall Thomas, Liverpool, who returned it as one of inoperable malignant disease of pharynx. The treatment consisted wholly of the exhibition of tabloids containing thyroid gland 6 grains, suprarenal $\frac{3}{4}$ grain, and pituitary $\frac{1}{15}$ grain. There was slow gradual improvement. By November she had put on 6 lb. in weight, could swallow much better, and felt stronger; towards the end of December could swallow anything except butcher's meat. In January, 1912, she weighed 5 lb. more than in November, and later still put on an additional 2 lb., so that she had gained 13 lb. in all. She had not had any tabloids for six months, but was still quite well. There remained at the site of the ulcer a certain amount of thickening and induration. Cancer, the exhibitor suggested, was due to two things: (1) Local irritation, (2) loss of a regulator of cell growth. The first resulted in the production of a large stock of young blood whose exuberant energy it was difficult to keep in subjection. "Malignancy was the insanity of function." The regulator of cell growth was a secretion of some of the ductless glands, which about middle age began to get exhausted. Cancer was due to the disturbance of the natural laws which governed the chemistry of the tissues, the result being that cells of an irritated tissue remained on and formed a tumour.

PROFESSOR A. POGOGEFF, Director of the Moscow Museum of Sociology, by way of celebrating the two hundredth anniversary of the death of Bernardo Ramazzini, the first writer on diseases of occupation, has suggested an international exhibition to be held at Moscow in the spring of 1914. The exhibition is intended to display the means for the protection of workers in all branches of industry. The scheme has received the approval of the Russian Minister of Industry and Commerce, of the Moscow Society of Medical Officers of Works, and of many medical institutions in Germany and Austria.

Universities and Colleges.

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

THIRD M.B. (*Part II, Medicine, Surgery, and Midwifery*). (*New Regulations*).—W. A. Anderson, M. Avent, C. G. H. Campbell, J. D. Clarke, H. F. Comyn, H. A. Douglas, J. R. Griffith, J. R. Heath, A. N. Hodges, R. Hodson, G. L. Keynes, L. R. King, J. H. Newmarch, A. B. Paul, M. N. Perrin, W. A. Pocock, E. Ll. N. Rhodes, A. C. Roxburgh, E. L. K. Sargent, L. W. K. Scargill, R. Sherman, G. A. Smythe, V. F. Soothill, W. A. Stokes, J. Ll. M. Symms, F. J. Thorne, J. M. Wallace, M. H. Watney, A. J. Waugh.

THIRD M.B. (*Part II, Medicine, Pathology, and Pharmacology*). (*New Regulations*).—K. B. Aikman, E. J. Y. Brash, G. M. Chapman, H. Y. Mansfield, D. N. Seth-Smith, W. J. F. Symons, E. S. Taylor.

UNIVERSITY OF DURHAM.

Degrees.

THE following were among the degrees conferred at a meeting of the Senate on June 24th:

M.D.—W. Barkes, G. E. Lloyd, G. C. M'Gonigle, Matilda A. Sinclair.
M.D. (*for Practitioners of Fifteen Years' Standing*).—J. W. Alexander, M. B. Foster, J. M. Handy, E. T. MacIntyre, R. Price, R. C. Tweedy.
M.B.—E. Babst, R. E. Bell, G. Carse, H. Fairclough, A. C. Jap, R. L. Kitching, G. E. W. Lacey, C. W. Morris, Nora Murphy, C. A. B. O'Neill, E. Phillips, J. L. Pringle, C. O. Shackleton, J. S. Soutter, G. S. Woodman.
B.S.—E. Babst, G. Carse, H. Fairclough, A. C. Jap, R. L. Kitching, G. E. W. Lacey, C. W. Morris, Nora Murphy, C. A. B. O'Neill, E. Phillips, J. L. Pringle, C. O. Shackleton, J. S. Soutter, G. S. Woodman.
B.HY.—E. E. Norman.

Examinations.

The following candidates have been approved at the examinations indicated:

FIRST M.B. (*All Subjects*).—W. Duncan, *M. J. Erdberg, H. H. Bailey, G. M. Kerry, S. A. Shehid. (*Chemistry and Physics only*).—P. V. Anderson, N. Briggs, J. A. Berry, J. S. Clark, E. C. Dunlop, S. E. Goulstine, C. G. Irwin, H. M. Leete. (*Elementary Anatomy and Biology only*).—J. N. Alexander, M. C. Joynt, P. Murphy, F. Newman, H. Sterne-Howitt.
SECOND M.B. (*Anatomy and Physiology*).—*G. A. Clark, *J. Gilmour, H. C. Broadhurst. J. Brumwell, N. Braithwaite, Mary R. Campbell, R. Hunter. J. Horsley, J. D. Johnson, H. A. Lake, J. K. R. Landells, N. A. Martin, G. N. Metzger, T. W. Shaw, W. O. F. Sinclair, F. R. Sturridge.
THIRD M.B.—H. H. Elliot, I. D. Evans, Mary S. Gordon, Ethne Haigh, E. E. D. Lau, L. Magee, J. E. Measham, J. D. Proud, F. B. Robson, P. Savage, A. Smith, W. Stott.

* Second Class Honours.

UNIVERSITY OF DUBLIN.

AT a meeting of the Senate on June 26th the following were among the degrees conferred:

M.CH. (*Honoris Causâ*).—Sir R. H. Woods.
M.D.—G. E. Adam, R. J. Attridge, E. J. H. Garstin, J. F. Nicholson, J. N. G. Nolan, J. A. G. Ponton, J. H. C. Thompson, R. T. Vaughan.
M.A.O.—S. G. S. Haughton.
M.B., CH B., B.A.O.—E. N. Bateman, H. Boyers, H. B. F. Dixon, Mabel A. Dobbin, H. L. D'O. Duckworth, R. A. G. Elliott, G. F. Evans, C. D. Goodenough, D. H. Hadden, R. S. G. Halpin, B. Johnson, T. J. Kelly, D. L. M'Cullough, R. J. R. Mecredy, G. J. Merrick, C. J. O'Reilly, J. T. Simpson, J. A. Small.

The Services.

CENTENARIAN INDIAN MEDICAL OFFICERS.

THE note in the JOURNAL of March 15th, page 570, on Surgeon-Major Henry Benjamin Hinton, who attained the age of 100 on March 7th, 1913, calls to mind the fact that he is not the first officer of the Indian Medical Service who has attained that patriarchal age within the last few years. India is not generally regarded as a sanitorium, even now, but no less than three officers of the Indian Medical Service, on the Bengal retired list, have reached 100 years of age within the last fifteen years, the other two being John Bowron and Thomas Lambert Hinton.

John Bowron was born in February, 1799, and entered the Subordinate Medical Department in Bengal as a medical pupil, on July 1st, 1813, at the age of 14. On September 7th, 1816, he became apothecary, and on December 20th, 1825, received a commission as assistant surgeon. He became surgeon on December 16th, 1840, retired on December 31st, 1851, with over thirty-eight years' service, and drew his pension for another forty-seven years, dying at Hove, Sussex, on March 5th, 1899, a few weeks after compieting his century. He served in the Punjab war of 1848-49.

Thomas Lambert Hinton was born on May 1st, 1808, educated at Oxford and Paris, took the M.R.C.S. and L.S.A. in 1833, and entered the Bengal Medical Service as assistant surgeon on January 30th, 1842. He only spent a few years in India, resigning his commission on October 24th, 1845, after which he settled in practice at home. He was for many years Surgeon to Reading Dispensary. He died at St. Leonards on June 14th, 1906, having passed the century by some six weeks.

The two Hintons, we understand, were not related to each other, which increases the singularity of the coincidence that both should enter the Indian Medical Service, and both should live to the age of 100. T. L. Hinton, though five years senior in age to H. B. Hinton, was three years his junior in the service.

The careers of these three centenarians differ a good deal. Bowron certainly spent forty years in India, probably over fifty. For, entering the subordinate service at 14, he was probably born in India. During his twelve years' service in the inferior grade he must have had a pretty rough time. Whether he saw any active service at this stage does not seem to be recorded. H. B. Hinton also spent nearly thirty years in India, seeing active service in four campaigns, including two of the hardest ever fought in India—the two Sikh wars. T. L. Hinton spent less than four years in the East. The greater part of his life was spent in the quieter and less eventful career of a country practitioner in England, a career probably as much exposed to risks to life and health as those of his namesake and of Bowron.

ORDER OF THE MEDJIDIEH.

THE King has granted permission to Captain R. G. Anderson, R.A.M.C., to accept and wear the Imperial Ottoman Order of the Medjidieh of the Fourth Class, conferred upon him by the Khedive of Egypt in recognition of valuable services rendered.

TERRITORIAL FORCE.

THE King has conferred the Territorial Decoration upon the undermentioned officers of the Territorial Force: Surgeon-Major Percy B. Mackay, Yorkshire Dragoons (Queen's Own) Yeomanry; Major Martin A. Cooke, London Mounted Brigade Field Ambulance; Major Christopher Vise, M.D., attached to the Fourth Battalion, Queen's Own (Royal West Kent Regiment); Major Stephen Nesfield, attached to the Eighth (Ardwick) Battalion, Manchester Regiment; Major John B. Stevens, M.B., attached to the Sixth (Renfrewshire) Battalion (Princess Louise's) Argyll and Sutherland Highlanders.

THE late Dr. John Frederick Joseph Sykes, M.O.H. St. Pancras, left estate valued at £5,699.

THE twenty-fifth annual report of the Invalid Children's Aid Association states that during the year 1912 over 2,000 new cases were referred to the central office and nearly 1,500 children were sent away, while over 2,000 more were sent through the various branches of the association. Few of these children remained away for less than three months, and many were sent for a year or even longer. The sum expended on the board and travelling expenses of the children in 1912 was £5,291; the amount received at the central office during the whole year was £9,883; this, with the £7,582 collected by the branches, made a total income of £17,000. The income of the association in 1912 exceeded that of the previous year by some £1,600 at the central office and by £1,886 at the branches. The expenditure at the central office amounted to £9,426; of this, £6,360 was spent directly on the children and £1,100 on rent, salaries, and other incidental expenses. For the first time in its history the association had a balance all through the year, this being due to the decision of the Executive Committee in 1911 to accept the profits from the Sunday cinematograph show under the agreement with the London County Council. The amount received during 1912 from this source was £1,290, part of which was treated as capital and placed on deposit. Owing to objections from various quarters, however, this arrangement had been discontinued. The number of branches of the association in the suburbs and outlying districts of London, many of which were self-supporting, had increased; and in the course of the present year it was expected that at least two more would be added to the fifteen already in existence. The demands on the association from those outside London also continued to increase, and there were at present 713 country children on the register, of whom 463 were entered in 1912. These cases received every assistance from the association, which stipulated, however, that the London funds did not bear any of the cost, and that all expenses incurred should be raised locally.

Medical News.

PROFESSOR VON DUNGERN of Heidelberg has been appointed Director of the Institute for Experimental Cancer Research recently established at Hamburg-Eppendorf.

THE next meeting of the Society for the Study of Inebriety will be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, July 8th, at 4 p.m., when Captain Arthur J. St. John, Honorary Secretary of the Penal Reform League, will open a discussion on "Inebriety and Crime."

THE summer luncheon of the Irish Medical Schools' and Graduates' Association will be held at the Hotel Metropole, Brighton, on Wednesday, July 23rd, at 1.30 for 1.45 p.m., the President, Dr. W. Douglas, in the chair. The general meeting of the members of the association will be held after the luncheon. Tickets (3s. each) may be obtained from Dr. Shepherd Boyd, Provincial Secretary, 7, Springfield Avenue, Harrogate, or during the meeting at the Hotel Metropole.

THE report for the year 1912 with regard to the Nightingale School for Nurses at St. Thomas's Hospital as usual affords testimony to the success of this institution and the value of the education which it affords. The preliminary training at the school is stated to be proving its value in weeding out unpromising pupils, the number of whom has steadily decreased in each of the last three years.

THE annual meeting and launch party of the Brussels Medical Graduates' Association will be held on Friday, July 11th, when the saloon launch *Empress of India* will leave Maidenhead Bridge for Henley at 12.15. The train starts from Paddington at 11.15 for Taplow, which is the nearest station for Maidenhead Bridge. Tickets, 12s. 6d., including launch, luncheon, and tea, may be obtained from the Honorary Secretary, Dr. Arthur Haydon, 23, Henrietta Street, Cavendish Square, W.

IN the advertisement columns this week will be found a notice from the Manchester Medical Mission, which is seeking some one to take over the work hitherto done by Dr. R. M. Fenn, who, after occupying the post of medical officer to the mission for some seventeen years, is about to go to South America in a similar capacity. From the annual report of this mission, which has been some forty years at work, it appears that the attendances last year numbered between 8,000 and 9,000. In addition to a medical officer and a surgeon, a missioner is attached to the institution. From what is stated in the report, the needs which it has hitherto fulfilled have been in no wise lessened by the National Insurance Act.

DR. DEBOVE has been elected Perpetual Secretary of the Académie de Médecine by 87 votes out of 90. He was sometime Dean of the Paris Faculty of Medicine and is now President of the French Anti-alcohol League. He is a man of great activity, and it is confidently expected that his initiative will stir up the Académie to make its influence felt by the Government and other public authorities. It is interesting to note that in the course of nearly a century there have been only six perpetual secretaries of the Académie: Pariset (1822–1827), Adelon as an interim official (1828–1830), Pariset again (1831–1847), Dubois (1847–1873), J. Béclard (1873–1887), Bergeron (1887–1900), Jaccoud (1901–1913). The average length of tenure of the office is a fraction over fifteen years.

AT the summer dinner of the West African Medical Staff, on June 16th, Dr. Prout was in the chair, and the guests included Sir H. Just, Under-Secretary of State for the Colonies, and Sir Ronald Ross. In the course of the evening Dr. Prout mentioned that the dinner was the thirteenth, and that its institution had been a success, since it had been the means of bringing together men who had few opportunities of meeting and had helped to promote a desirable feeling of *esprit de corps*. The West African Medical Staff was able to do distinguished work in connexion with the building up of the empire, and was a service whose members had reason to be proud of their position. In replying to the toast of "The Guests," Sir H. Just said that at the time when he was directly connected with the West African Medical Department of the Colonial Office there were comparatively few coast medical officers; they now formed a large and responsible body, the excellence of whose work was shown by the diminishing invaliding and death rates among West Coast officials. It had the entire sympathy of the Colonial Office, and could rely upon a fair and sympathetic hearing of any representations made with a view to increasing its efficiency. A similar note was struck by Sir Ronald Ross, who expressed a belief that the West African Medical Staff was destined to rank with the other great services of the empire. In proposing the toast of "The Chairman," Dr. Cameron Blair voiced the general regret that Dr. Prout was unable, through pressure of other work, to continue to act as president of the dinner club. Its inception and maintenance were due to him entirely, and officers of the service owed him much gratitude for what he had done. Dr. Prout having suitably acknowledged the toast, the formal proceedings then ended.

THE members of the profession in the district have resolved to make a suitable presentation to the late Chairman of the St. Pancras and Islington Division, Dr. R. M. Beaton, in recognition of the exceptional services rendered by him to the Division and to the medical profession at large. Dr. Beaton was formerly a member of the London County Council and chairman of its Public Health Committee, and is now a member of the Metropolitan Water Board. He thus brought a long and varied experience of public work as well as general practice to the business of the British Medical Association; for it he has done yeoman service as a member of the Council and of the Representative Body, and the confidence felt in his judgement was shown by his selection by the latter body as one of the five members to take part in the interview in which the wishes of the Association were finally placed before the Chancellor of the Exchequer in November, 1912. Members of the profession in St. Pancras and Islington believe that many members of the profession outside their boundaries will desire to contribute to the presentation, and subscriptions, which should not exceed 10s. 6d., may be sent to Dr. A. Brown, 1, Bartholomew Road, Kentish Town, N.W.

THE foundation of the Home Science and Economics Department of King's College for Women marks an epoch in the history of the higher education for women in this country. Hitherto educationalists have concerned themselves with the development of the intellectual side of women's nature alone; and the art of home-making and all that appertains to the rearing of children seem to have been regarded as a talent latent in every woman, which only required the magic words of the marriage service to bring it forth from the bushel beneath which its light had been hidden. The result has been the deaths of tens of thousands among the newly born, and loss of health and consequent disablement of many more who managed to survive the experimental methods of anxious but incompetent mothers. The evil, moreover, is by no means confined to the uneducated, but has been felt in every stratum of society, and the foundation of the new department at King's College should be welcomed by all who have the true interests of their country at heart. This addition of a domestic course to the London University curriculum for women and the establishment of a diploma in household and social science is the first attempt made by a university to train its women students to fulfil their natural destiny. It is true that a course of scientific instruction in hygiene for women comparable with the course given to men for the Diploma of Public Health was instituted some time ago at Bedford College, but with the object of training women for such public offices as those held by health visitors and sanitary inspectors, whereas the course at King's College aims rather at fitting them for the duty of wife and mother. The King's College students will receive scientific instruction in all matters connected with the organization of households, the care of young children, and the general health of the home; and there is every reason to believe that this scheme, which owes much of its success to the active interest taken in it by the Queen, will do much to mitigate the enormous annual waste in child life which at present forms such a blot on the fair face of our civilization. The new department will be housed in the "Queen Mary's Hostel," for which an excellent site has been found on Campden Hill. In spite of its independent existence, it will be in organic relation with the London University. The hostel will include the new buildings of King's College for Women as well as the necessary laboratories and lecture rooms for the home science students. Funds are urgently needed for its completion, and an appeal has recently been made to which it is to be hoped the public will respond with generosity. The movement is one of national importance, for the maintenance of our position at home and abroad depends largely upon physical efficiency, and the health of future generations lies in the hands of the potential mothers of the race. This attempt to fit women for marriage and motherhood as for a career cannot be too highly commended, and should receive the cordial support of all those who see in the rate of infant mortality, which, though lower than it was, is still much too high, and in the decline of the birth-rate the early evidences of national degeneration and decay.