pain, which seemed not unlikely to have been caused by biliary colic. She was a ruddy, well-nourished woman of active habits and cheery disposition, but one to whom dietetic restrictions were such a serious punishment that complete obedience to a hard-and-fast rule of life was impossible to enforce. Under such guidance as she would submit to, her life was kept fairly comfortable for two years; the amount of sugar did not increase, the quantity of urinary secretion came down to an average of from 60 to 70 ounces per diem, and the pruritus entirely disappeared. Suddenly one night she was waked from sleep with acute pain in the abdomen, followed after two or three hours by active sickness and pyrexia. When I saw her early the following morning she was restless, flushed, and complained of constant pain, which she referred entirely to the epigastric and right hypochondriac regions, and which she declared she recognized as a return of one of the old attacks of years ago. Her pulse was 120, small, thready, and abdominal; her temperature registered 102.5°, and her respirations, though 40, failed to completely satisfy her requirements for air. Her heart presented no new physical signs; her lungs were normal to percussion and auscultation; the abdomen was moderately distended, and over the whole area between the umbilical level and the short ribs there was acute tenderness and increased resistance to touch, but no definite swelling. The bowels had moved freely twice during the previous twenty-four hours, and for twelve hours she had passed no water. Later in the day a specimen was obtained, and was found to contain 28 grains of sugar to the ounce, with a distinct ferric reaction indicative of the presence of diacetic acid. By evening she was becoming somewhat incoherent and drowsy, and though complaining of less abdominal discomfort, was plaintively calling out for open windows that she might have more air to breathe. Respirations, pulse, and temperature were much the same as in the morning. By 10 o'clock she was completely comatose, and so she remained until she died about 5 o'clock the following morning. Obviously there was no question of bowel obstruction in this case, and the explanation of her terminal illness seemed to be an acute pancreatitis, probably of the haemorrhagic type. The symptoms presented by this patient entirely coincided with those related to me by the doctor who attended my lady friend years before, and my suspicions that, in her case, as in this one, though the symptoms bore many resemblances to those that would be produced by an acute obstruction somewhere in the intestinal tract, the more likely cause of the "acute abdomen" from which she died was the preceding glycosuria with a sudden accession of abdominal mischief, probably of pancreatic origin. The point to remember is the possibility of such an occurrence in the course of ordinary glycosuria, because though we are all alive to the risk of coma in such cases, we are not equally familiar with the fact illustrated by these cases, that this comatose state may be ushered in by abdominal symptoms difficult, or even impossible, to distinguish from a like train of events dependent upon entirely different conditions. No opinion should ever be expressed on the etiology of an "acute abdomen" until it has been ascertained whether the urine does or does not contain sugar, because, as we all know, such a condition may have existed for years without attracting the attention of the patient, and without, therefore, having afforded any chance of being discovered.

The subject of borderland illnesses is extensive, but these desultory notes and illustrative cases may stimulate some interest in questions affecting the earliest departures from the high level of perfect health. Perhaps there is almost no such thing as "perfect" health, but it is possible by careful inquiry and patient investigation to make sure that we do not found a firm opinion upon a casual observance of physical signs or a mere negation of subjective symptoms, but that we look a little more sharply after collateral evidence—that, in short, we forage inquisitively in the borderland, where, more often than we believe, we will find evidences of minor imperfections that so often escape discovery. It would be a provident and wise plan if every man went to his doctor for a thorough overhaul once in six months, not because he was driven to him on account of feeling ill, but because he was led to him by the desire to keep well. As custom now dictates it, the doctor is only sought out when there is an evil to remedy, but the day is not far distant when he will be retained in order that the evil may be, as far as possible, averted. It is true that we are more frequently consulted about trivial ailments than on account of acute and serious disorders; nay more, our time is often vexatiously encroached upon by having to listen to a long tale of imaginary woes and a formidable recital of aches and pains for which we can find no physical explanation, but, if my contention is right, all such patients are on the borderland of disease. Their discomforts, whether physical, mental, or emotional, have a foundation in fact somewhere, and clearly point to a fault that disturbs the harmony of perfect physiological activity. The engine is not tuned up to the best work it is capable of, and unless adjusted in time, some part must inevitably become permanently faulty, and constitute the blemish which spells premature consignment to the human scrap-heap. "Prevention is better than cure" is truer to-day than ever before, and we will do much to justify the proverb and to hasten its full realization if we direct our attention more and more to the borderland country and the evidences which are constantly to be found there of the earliest movements on the part of the enemy of mankind.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF TETANUS.

I have read with interest the note by Dr. Sheaf, in the British Medical Journal of October 17th, on the treatment of tetanus by chloretone. Tetanus, as every one knows, is of much more frequent occurrence in the tropics than in temperate climates, and during twenty-five years' work in British Guiana I saw a good number of cases. I was fortunate enough to have had a few recoveries even before the days of serum treatment.

Wounds of the foot were responsible for by far the greater number of my cases, a small wound from a splinter of greenheart being the very frequent history. Sometimes the patient denied any knowledge of injury, and no wound could be discovered, but it can be readily understood that natives who go about barefooted will frequently sustain an injury so trivial as to excite no notice. My experience of the disease led me to classify my cases into two groups: (*a*) Those with severe febrile disturbance; (*b*) those with slight or no febrile disturbance. In the former—unfortunately by far the most numerous—the temperature quickly ran up to 103° or 104° and even higher, and these cases almost invariably proved rapidly fatal. In the latter, the febrile disturbance was slight, up to 101°, and subsided very rapidly. In these cases the prognosis was more favourable.

My routine treatment after careful attention to the wound (if any) was to give a very full dose of chloral hydrate and to follow this up with just sufficient of the drug to keep the patient constantly under its influence, and free from spasms. Under this treatment I had quite a fair number of recoveries, including one case of tetanus neonatorum which was severe at the outset.

The most watchful care is required throughout the whole course of the case; nourishment must be given as freely as possible, and some judgement is needed to give just enough of the chloral and not too much, but my experience leads me to think that the more frequent error lies in too small rather than too large dosage.

W. F. Law, M.D., F.R.C.S.I.,
Late Medical Inspector,
Dublin. British Guiana Government Service.

THE TREATMENT OF ENTERIC FEVER.

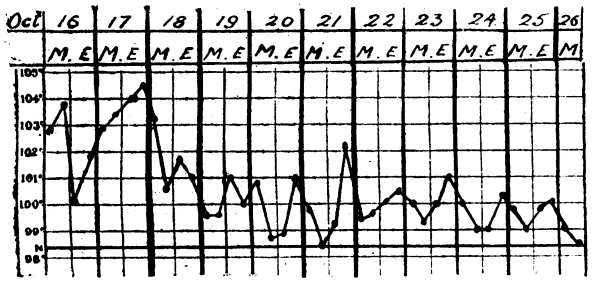
Fortunately previous inoculations will greatly reduce the incidence of enteric fever in this war, but already a certain number of cases have been sent back from France. The disease is of a very severe type, probably owing to the exhaustion of the men.

I should like to recommend the use of an icebag in the treatment. It should be suspended from a cradle over the right side of the abdomen in the region of the lower part of the ileum. It is important that there should be nothing between the icebag and the skin but a piece of

gauze or butter muslin, so that the cold may penetrate as far as possible.

Medicinally, I think there is nothing to equal Sir William Broadbent's prescription of quinine sulphate gr. ij, dilute sulphuric acid ♏ iv, and liquor hydrarg. perchlor, 5½ every four hours (not within half an hour of food). If the diarrhoea is excessive the sulphuric acid can be increased, and if there is constipation magnesium sulphate can be added in sufficient quantity to produce one or two actions of the bowels a day. The use of the sulphuric acid and sulphate also tends to diminish the risk of haemorrhage.

As an illustration of the efficacy of the icebag combined with this medicine, I append the temperature chart of a



case occurring in a slightly wounded soldier who was transferred to my ward on the second day. The temperature, which had been 103.8° the day before, was 104.5° when this treatment was commenced. In twenty-four hours it fell to 101°, and only once afterwards rose to 102°. He had had diarrhoea for four days before admission. There was very marked tenderness in the right iliac region, and the spleen was enlarged and tender. He had never been inoculated. It was a case in which one would have expected deep ulceration and possible haemorrhage, but he has done exceedingly well, and has never caused any anxiety.

WALTER BROADBENT, M.D., M.R.C.P.,
Major R.A.M.C.(T.).

Brighton.

ANAESTHETICS IN EYE WORK.

I SEE that Mr. Harrison Butler has criticized somewhat severely my note on the above subject, which appeared on September 12th.

My contention that chloroform should not be entirely abandoned in eye work is, on the face of it, a moderate one; Mr. Butler's view is extreme, not to say immoderate. He justifies the exclusion of chloroform by saying, first, that a patient is entitled to the "absolute safety" of ether anaesthesia as opposed to the "reasonable degree" of safety of C.E. mixture. Let us examine this argument. We find that the death-rate for C.E. is 1 in 7,000, while for pure ether it is 1 in 10,000. A simple calculation shows that 21,000 cases will have a mortality of 3 in the case of C.E., and 2 in the case of ether. This number of cases represents thirty-five years' work at Moorfields under twelve surgeons. One may safely assume that an ophthalmic surgeon during an operative lifetime of thirty-five years would not do more than half that number of cases, including both hospital and private work. If during these thirty-five years he employed ether he would have one death. If he employed C.E. he would have one and a half deaths, or to put it more accurately, he would stand an even chance of having one death or two deaths. To say that in the former case his patients have absolute safety is, of course, inaccurate.

Further, Mr. Butler says that he does not see the difficulties and inconveniences entailed by ether anaesthesia. Yet, I think, though unseen by him, they exist. I have not had the pleasure of seeing Mr. Butler operate, and so am not aware how he overcomes difficulties which most surgeons find more or less embarrassing. But I cannot but consider the venous congestion, the laboured respiration and consequent movement, the collection of mucus in the air passages, and, not least, the obstruction caused by the Clover or open ether apparatus, to be by no means negligible hindrances to success or even safety. If, indeed, the surgeon be using the actual cautery for conical cornea or corneal ulcer there is with ether a very real danger of explosion.

For these reasons, amongst others, I venture still to think that chloroform and ether is preferable to ether for ophthalmic operations.

I much appreciated Mr. Devereux Marshall's reference to my note, and am glad to know that his naval duties still leave him the time and the inclination to read the BRITISH MEDICAL JOURNAL. I can assure him that those who know him follow with the greatest interest any news we are permitted to have of his ship.

MAURICE H. WHITING, M.B., B.C.Cantab.

London, W.

HAEMATURIA COMPLICATING PREGNANCY.

IN opening the discussion at the Annual Meeting of the British Medical Association at Brighton, in the Section of Gynaecology and Obstetrics, "On the affections of the urinary tract in pregnancy," Sir Halliday Croom stated that haematuria in pregnancy was somewhat rare, as he had only met with one or two cases. Having recently had a case of this disorder, the first in many years' practice, it seems to me worthy of record.

Mrs. D., aged 28, about two and a half months pregnant, consulted me on July 31st, 1913. She stated that she had been passing blood in the urine for four days. She had a similar experience of short duration during her first pregnancy, for which she received no treatment. She had no sickness, pain, or any other complaint. The urine was purple in colour and there was a layer of blood at the bottom of the glass. The specific gravity was 1016 and albumin was present.

She was kept in bed, the diet restricted, and lead and opium, gallic acid, turpentine, saline purgatives, and adrenalin were prescribed in succession without any remedial effect, but there was a temporary diminution of the haematuria after a few doses of Ruspini's styptic, which is said to consist of a strong solution of gallic acid and spirit of roses, with, perhaps, a little zinc sulphate. The pulse and temperature remained normal while under observation.

On August 6th, as there was no improvement, I had a consultation with a medical friend, who was of opinion that the right kidney was enlarged. Ten days afterwards I had a specialist in consultation, who confirmed this opinion, and advised an operation, but the patient declined to go to hospital. In these circumstances I prescribed sol. adrenalin chlorid., ♏ v, with a teaspoonful of Ruspini's styptic, every two hours, and after a few doses the haematuria gradually disappeared. On examining the urine after this, there was a layer of pus at the bottom of the glass cylinder, and under the microscope there were pus corpuscles.

She got out of bed on August 21st, and as there was a slight return of the haemorrhage afterwards she consented to go into the hospital, where she was under observation for three weeks and examined by the cystoscope, but returned home without any operation being performed.

The subsequent history was without deviation from that of a normal pregnancy, and she was delivered, after a rapid labour, of a living child, which was rather smaller than usual. Since then mother and baby have kept well, and the urine, she states, is better than it has ever been.

WILLIAM A. CASKIE, M.A., M.D.

Glasgow.

AT the regular meeting of the University Lodge of Hong Kong No. 3,666, held on September 28th, the Worshipful Master, W. Brother Francis Clark, M.D., P.G.D., referring to the death of the late Brother Sir Kai Ho Kai, C.M.G., M.B., C.M., said he was one of that small band of pioneers who realized, even thirty years ago, that the future of China lay in the hands of those of his countrymen who were prepared to share the knowledge and the science of the West. He was a graduate in medicine of the University of Aberdeen, a barrister-at-law of Lincoln's Inn, and an author of no mean repute. Among his many other achievements, he was a founder of the College of Medicine, which began its career in 1887, and was also one of the prime movers in the establishment of the University of Hong Kong.

impossible to remove the whole focus of the disease, and also after scraping away the sloughs of carbuncles; and I have never seen it produce extensive sloughing. Moreover, as it is a local anaesthetic, its application is far from being so dreadful as some would have us believe.

It is melancholy to hear from many who have been at the front that almost all wounds except bullet wounds become septic. Two questions naturally arise: First, have the present attempts at wound disinfection any reasonable chance of success? Secondly, if they are really conducted on sound principles, must we fold our hands and sadly confess that it is hopeless to try to adapt the antiseptic principle to military practice?

I cannot believe that the answer to the second question is in the affirmative.—I am, etc.,

London, Nov. 17th. RICKMAN J. GODLEE.

AMATEUR WAR NURSES.

SIR,—How is it that trained women—highly trained nurses—are unable to get work at present from the British Red Cross Society, and other women (titled it may be) are allowed to play the part of trained nurses at the expense of our brave soldiers' lives and pain?

Now, Territorial nurses are in nearly all cases selected from the best training schools, being subjected on joining to a further medical examination as to fitness; and by the best training schools I mean those hospitals with over 100 beds where a course of lectures is delivered by the matron and the medical and surgical staff, and in which hospital certificates are issued on the completion of training to those worthy enough showing the work accomplished, the conduct manifested, and the proficiency exhibited in actual examination.

At present, with the war scare, women of any age, healthy or otherwise, are encouraged by press puffing to take a course of ambulance lectures, obtain by paltry examination an ambulance "certificate," don a cap and apron (though they have never seen a patient), parade about the streets (nearly always in indoor uniform), and mystify the general public more than ever as to the true meaning of a trained nurse. In some cases they are even permitted to waste their own time and that of some hospital staff by doing a month's so-called training. These sentimental women, so misguided, actually imagine, in most cases, that they are all prepared and fully ready for the front.

Now what must women who have given years of their lives to hospital work think when they see a uniform (theirs alone by right, and I have no doubt would be so if registration of nurses were only an accomplished fact) put to such a scandalous use? And we have the definite fact that many hundreds of trained women are waiting for work!—I am, etc.,

Whitley Bay, Nov. 10th. N. A. EDDLESTONE, M.D.

NUTRITION AND MEAT EXTRACTS.

SIR,—I have no wish to find fault with Mr. Sohn's reply to my letter which appeared in the JOURNAL on October 24th, though it does not accurately represent the points raised by his own writing on the above subject, or meet my criticism of his views.

My object in writing now is to express a hope that Mr. Sohn may see his way to adopt my suggestion and join the rank of experimental investigators in the field of nutrition. It is a large field where much awaits research and where every assistance would be welcomed. It is also, I think, "up to him" to do so, because a knowledge of the chemistry of foods, though highly essential, is not sufficient to justify a claim to be a reliable authority on the subject of nutrition. He would, moreover, be in a position to test his theories experimentally.

It would be a source of gratification to me and a useful outcome of our correspondence if it ended in this result. Thanking you for your courtesy in publishing my letters, I am, etc.,

Dublin, Nov. 14th. W. H. THOMPSON.

MEDICAL AUTOGRAPHS.

SIR,—The Reading Pathological Society has during many years collected in an album the autographs of distinguished medical practitioners, especially of such as have contributed to the progress of medicine, and are therefore "on fame's eternall bead-roll worthie to be fyled."

Such autographs, especially when accompanied by portraits, form a delightful addition to our knowledge of those personalities who form the *decus et desiderium medicinae*, and possess no small biographical and historical value. Medical societies will find in the formation of such an album a means of cementing the friendships of the living and of perpetuating the memory of those who have passed beyond the veil.

Our collection already contains many interesting specimens of professional autographs, but further contributions (whether of British, American, or foreign origin) will be warmly welcomed.—I am, etc.,

Reading, Nov. 7th. JAMIESON B. HURRY.

Universities and Colleges.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on November 12th, Sir W. Watson Cheyne, President, in the chair.

The late Mr. C. B. Lockwood.

The Secretary reported the death on November 8th, at the age of 58, of Mr. C. B. Lockwood, member of Council, and the following vote of condolence was passed:

That the Council do hereby express their deep regret at the death of their colleague, Mr. Charles Barrett Lockwood, whom they highly esteemed as an accomplished and skilful surgeon, and for whom they entertained the warmest feelings of personal friendship. That the Council also desire to express their appreciation of Mr. Lockwood's services to the College as a member of the Council during the last six years, and their very sincere sympathy with Mrs. Lockwood and her children in their bereavement.

Issue of Diplomas.

Diplomas of Membership were granted to sixty-seven candidates found qualified at the recent examinations.

Mr. William Pearson.

An honorarium and a pension were granted to Mr. William Pearson upon his retirement as Prosector to the College.

The Bradshaw Lecture.

This lecture will be given by Sir Frederic Eve on Tuesday, December 15th, at 5 p.m., the subject being "Pancreatitis."

College Insurance.

The President reported that steps had been taken to insure the College.

Students of Colonial, Indian, and Foreign Universities.

The following resolution was adopted—namely, Clause 4 in the Regulations read as follows:

Members of Colonial, Indian, or foreign universities who shall have passed such an examination or examinations at their universities for the degree of Doctor or Bachelor of Medicine or Surgery as shall comprise the subjects of the First and Second Examinations of the Examining Board in England, and who shall have completed the curriculum of medical study required by the Regulations of the Board, will, two years after having passed such examinations, be eligible for admission to the Third or Final Examination of the Board; any candidates so admitted to examination will be required to pay a fee of twenty guineas; and any such candidates who shall have passed the Third or Final Examination shall, on the further payment of not less than twenty guineas, and subject to the by-laws of each college, be entitled to receive the Licence of the Royal College of Physicians of London and the Diploma of Member of the Royal College of Surgeons of England.

CONJOINT BOARD IN ENGLAND.

THE diplomas of L.R.C.P. and M.R.C.S. have been conferred upon the following candidates who were successful at the final examination in Medicine, Surgery, and Midwifery:

Ahmed Abdel-Al, B. P. Allinson, L. M. Banerji, G. A. Batchelor, W. A. H. N. Bell, W. F. Bensted-Smith, G. A. G. Bonser, W. E. H. Bull, P. H. Burton, S. N. Cohen, G. Cranstoun, H. A. Crouch, J. D. L. Currie, Delphine Gertrude D'Abreu, J. E. Davies, J. L. Davies, J. R Davies, F. H. Dodd, H. A. Fawcett, H. L. Garson, J. A. Gregory, D. W. Griffith, S. S. B. Harrison, W. C. Hartgill, Mary Isabel Hemingway, A. G. Holman, J. C. Jones, T. R. Kenworthy, G. W. King, L. G. Le Blanc, Helena Rosa Lowenfeld, H. W. Maltby, P. M. Masina, G. W. Maw, P. U. Mawer, J. A. Montgomery, W. H. Nicholls, A. H. Pemberton, A. C. Perry, R. Don Hugo Philip, H. R. Pollock, J. S. Pooley, R. N. Porritt, F. G. Prestwich, N. Purcell, P. H. Rawson, G. S. Robinson, C. W. Roe, W. A. Rogerson, W. H. C. Romanis, P. Sai, Mary Schofield, D. C. Scott, E. W. Scripture, J. H. Sewart, P. de S. Smith, H. N. Stafford, J. F. H. Stallman, R. P. A. Starkie, H. Thomas, J. O Thomas, W. G. L. Wambeek, J. R. N. Warburton, W. Watkins, T. B. Welch, D. H. D. Wooderson, W. A. Young.

LIEUTENANT ARTHUR KEITH ARMSTRONG, R.A.M.C., who died of wounds on September 15th, left estate valued at £767.

took the degree of M.D. in 1864. He was admitted a Fellow of the Faculty of Physicians and Surgeons of Glasgow in 1872. Of the forty-four years during which he was engaged in active professional work, thirty-three were spent in a large general practice in the south side of Glasgow. In 1897 he left Scotland and settled in Rome, where, although he gave up practice six years ago, he remained to the end of his life. While a student he worked in the old Glasgow Infirmary as dresser under Lister, for whom he retained unbounded love and admiration. At the Lister dinner in London in 1907 he and the late Dr. Ramsay occupied the places of honour on Lister's right and left, being the only survivors of that time who were present. Dr. Fenwick had greatly endeared himself by his kindliness of disposition and genial manner to the British colony in Rome, and he will be much missed on account of the great interest he showed in all matters affecting its welfare, and of the capacity and common sense he always brought to bear on whatever he took in hand. He was a very old member of the British Medical Association. He leaves a widow.

Colonel Harry Strickland McGill, Army Medical Staff (ret.), died on October 20th. He was the only son of the late Captain William Strickland McGill, of the 79th Cameron Highlanders, and was educated in Dublin, where he took the L.R.C.S.I. in 1880, and the L.R.C.P.I. and the L.M. of the Coombe Hospital in 1881. He entered the army as surgeon on July 29th, 1882; became surgeon-major on July 29th, 1894; lieutenant-colonel on July 29th, 1902; was placed on the selected list from September 17th, 1908; and promoted to colonel on June 8th, 1912. He was placed on half-pay on December 4th, 1913, and retired so recently as July 8th last. During his service he devoted much attention to sanitary matters, taking the D.P.H. at Cambridge in 1887, and the diploma in tropical medicine and hygiene there in 1906. He filled the post of Assistant Professor of Pathology in the Army Medical School, Netley, for some time, and was at one time sanitary officer with army head quarters in India. During his last tour of Indian service, from 1906 to 1911, he commanded the station hospitals at Poona and at Secunderabad successively. His war services comprised Burma, 1887–89, medal with clasp; Chin-Lushai expedition on North-East frontier of India, 1889–90, clasp; Burma, 1890–92, clasp; the Isazai campaign on the North-West frontier of India in 1900; and the China war of 1900, medal.

Public Health AND POOR LAW MEDICAL SERVICES.

URGENCY ORDERS.

M.—The giving of a medical order is legally at the discretion of the relieving officer, but where "urgency" is alleged he would be unwise to take the responsibility of refusal at any hour of the day or night. Quite recently a circular was issued by the Local Government Board specially enjoining that there should be no delay in granting medical orders in the first instance, so that a relieving officer's statement that "he has no option in these cases" is in the circumstances practically correct. This has always been a grievance to Poor Law medical officers, as many of the cases for which "urgent" orders are issued are found to be trivial. It is, however, held that it is only by general arrangements of this kind that the occasional serious cases can be safeguarded.

Medico-Legal.

ACTION UNDER THE APOTHECARIES' ACT AGAINST A HERBALIST.

An appeal was heard by the Divisional Court of the King's Bench Division on November 2nd from a judgement given by the Deputy County Court Judge of Worcester on May 13th, 1914, in favour of the society against the defendant for having acted and practised as an apothecary in breach of S. 20 of the Apothecaries' Act, 1815. It appeared that the defendant, Burden, kept a herbalist's shop in the city of Worcester. In August, 1913, he was consulted by a Mrs. Rosina Daniels, who was ill. He attended her, stating she was suffering from an internal abscess, prescribed for and gave her medicine, and remained in attendance upon her up to the date of her death on February 6th, 1914. At an inquest subsequently held upon Mrs. Daniels it was shown by the medical evidence that she died of kidney disease. Upon the facts being brought to the notice of the society proceedings were instituted against Burden in the Worcester County Court, and judgement was given for the society for the statutory penalty of £20 and costs. The defendant appealed against this decision. The court, after hearing counsel on both sides, dismissed the appeal with costs, and refused leave to appeal further.

Medical News.

Dr. W. Collingridge, late Medical Officer of Health City and Port of London, was on November 17th called to the Bar as a member of the Honourable Society of Gray's Inn.

Their Majesties the King and Queen graciously sent a message of sympathy to Dr. and Mrs. Cuthbert, North Queensferry, on the loss of their son, Henry Kenmore Duff Cuthbert, Mid. R.N.R., who died in action on the Chilian coast on H.M.S. *Good Hope* on November 1st.

Since the outbreak of war the Public Health Department of Poplar Borough Council, through the medical officer of health, Dr. F. W. Alexander, has been arranging for the visitation of cases of expectant maternity amongst the wives of soldiers and sailors serving with the colours. In view, however, of the issue by the Local Government Board of suggestions for the administration of the parliamentary grants in aid of provision for maternity and child welfare in respect of the general population the scope of the Poplar scheme is to be somewhat extended, so that local associations taking part may be entitled to share in the Government grants. The Poplar Infant Care Association, the School Care Committees, and the College of St. Katharine, which is now established in the borough, have agreed to co-operate with the borough council in visiting suitable cases both before and after the birth of the infant, continuing until school age is reached. The School Care Committees will forward to the Public Health Department the names of mothers expecting to be confined, a card index will be maintained, and the cases distributed to the voluntary associations according to locality. Midwives practising in the borough will be asked to co-operate by sending the names of suitable cases for visitation. The borough council has asked the Local Government Board to make diarrhoea a notifiable disease during certain months of the year.

In a lecture on the after-care of mental defectives, delivered by Miss Evelyn Fox at a meeting of the Child Study Society held on Thursday, October 29th, at the Royal Sanitary Institute, she said that with the passing of the Mental Deficiency Act the State had for the first time formally recognized the fact that mental defectives were entitled to its protection. The feeling, which seemed to be widespread, that the Act so far had done little or nothing towards improving the status of the mentally defective, was probably due to the fact that under its provisions a large section of those mentally deficient children who had hitherto remained in their own homes were now eligible for admittance into institutions, and that as yet there were not a sufficient number of these establishments to receive them. If the Act worked properly the larger proportion of defective children would in time be placed under restraint. The only way of dealing effectually with the "higher grade" defective was by establishing an efficient system of after-care, by means of which the defective child on leaving school would be well looked after and prevented from losing ground or drifting into bad habits. The value of a systematic system of visiting by persons of skill and knowledge was very great, and should not be confined to the ex-pupils of special schools. The society hoped to see the foundation all over the country of voluntary associations, including every kind of social worker, whose object would be the care of defective children who had not attended special schools. They should possess "observation homes," where difficult borderland cases could be watched in order to discover whether they were capable of profiting by a period of training in some home or institution, or whether they were only fit to pass the rest of their lives under restraint. One such association had just started an "occupation centre," where children who had left school and were unfitted for ordinary work were kept employed for several hours every day; this not only kept them out of the streets, but relieved their families of what was sometimes a very heavy burden. A number of such centres started in connexion with special schools would enable a large proportion of these children to remain in their own homes and prevent the overcrowding of institutions.