thus: Zero that of ice and salt mixed, 8° for freezing, 24° for the human body, and 53° for boiling. He then further extended the scale by dividing each degree into four parts, so if it is multiplied by four we have the scale now in use, 32° for freezing, 96° for the body, and 212° for boiling. In this way the thermometer seems to have been evolved. Subsequently these degrees were still found to be too large for accurate measurement, and so were divided into ten parts each. This is a modern innovation, for the decimal system did not come into vogue for many years after Fahrenheit's time.

This information is gained from the *Encyclopædia Britannica*, and I apprehend that the writer of the article must have obtained it from authentic sources—from the writings of Fahrenheit himself or from some of his contemporaries. His thermometer, which I always regarded as an abomination, is now looked upon by me with a great and two-fold interest. Its scale being founded on the temperature of the body, and this naturally under the duodecimal system receiving the round number 12, became the point from which every other number proceeded. The paper does not state how the temperature of the body was ascertained; possibly in various ways, which accounts for the figures being not quite accurate and not in accordance with the fixed figure on our modern instrument; Newton, however, is careful to say the "external" heat of the body.

Another Theory of Fahrenheit's Scale.

Some amount of doubt must still remain as to the explanation of the scale which I have given, seeing that no mention of its origin is to be found in scientific books, and the account given in Brande's *Dictionary of Chemistry* is of a totally different kind, although the author of the article hesitates in attributing it to Fahrenheit. It is said therein "that the 180° between freezing and boiling was chosen by Fahrenheit —or probably Réaumur—for some of his experiments on the expansion of mercury. When he plunged his thermometer into melting snow, the 11.156 parts of mercury which it contained expanded when placed in boiling water to 11.336, being an increase of 180 parts." This is said to be the origin of Fahrenheit's scale, the constructor carrying it still lower when he found he could obtain a greater degree of cold. In this account it is not stated why he used this amount of mercury, and therefore it can only be inferred that it was the quantity contained in the bulb. It is difficult to understand how a scientific man could have adopted so arbitrary a method, and therefore probably the description is incomplete. It may be remarked that Newton experimented in the same way, and his results are mentioned in the paper referred to; he there showed the increased space which 1,000 parts of oil occupied when raised to the temperature of the human body or that of boiling water.

Conclusion.

I should like to say that I am inclined to put full credence in the account I have taken from the *Encyclopædia Britannica* as to the origin of Fahrenheit's thermometer, and although I know that sentiment should have no place in a scientific investigation, I cannot but hope that it is correct, for I must admit that to a certain extent "my wish is father to the thought." For the future, whenever I see a thermometer in use to mark the temperature of the body, I shall be reminded that it was first used for this purpose in order to mark the starting point of the scale from which all other temperatures were to be reckoned. At the same time there will be the pleasing remembrance that it was our great Newton who, in all probability, suggested the temperature of the body as the starting or determinate point in the thermometer, and marking it by the round number 12.

Samuel Wilks.

HOSPITAL REFORM.

The Medical Guild, Manchester, has issued the following report on the subject of hospital reform to the Board of every hospital and dispensary in Manchester:

The Medical Guild is impressed with the difficulties surrounding this question, but is convinced that reform lies along the lines indicated by the recommendations appended.

The difficulties lie chiefly in the fitness or otherwise of the various applicants who present themselves at our hospitals. The fitness must be viewed from the standpoint of professional or medical exigencies, as well as from the point of view of charity.

The Guild considers that the present methods of investigation through the agency of the District Provident Society, and by means of such hospital officials as are employed, are unsatisfactory because the investigation is not thorough, and is limited to a small area, and also because the "poverty scale" is not the same for all the hospitals.

The Guild is further of opinion that by far the greater number of those attending the out-patient department do not require any special treatment, and only waste the time and energy of the hospital staff.

The Guild considers that the charges exacted from patients are wrong in principle and bad in effect.

The Guild is of opinion that the treatment of home patients does not come within the sphere of the legitimate work of the hospitals, and could be better carried out by other means.

The Guild regrets that a large amount of hospital abuse is due to medical practitioners who, particularly in country districts, send patients to hospitals who could afford to do without medical charity.

The Medical Guild recommends:

1. That the investigation of the financial suitability of the applicants seeking relief at all medical charities should be the work of a Central Board, and that, in every case in which investigation is decided upon, it should be done thoroughly.
2. That all trivial cases should be dismissed after the first attendance, and that they, and all accidents (which should receive first aid), should, if not detained as in-patients, and if not fit objects of charity, receive no further treatment, but be referred to other sources.
3. That all recommends should be discontinued, each application being dealt with on its own merits.
4. That the exaction of any payment whatsoever from patients should be entirely abolished.
5. That the home visiting of patients should be discontinued, and more suitable arrangements made.

G. A. Wright, Chairman.
William Graham, Convener.
Arnold W. W. Lea, Secretary.

OPENING OF THE WINTER SESSION IN THE MEDICAL SCHOOLS.

(Continued from page 1121.)

UNIVERSITY COLLEGE, LONDON.

The Medical Society.

Bias in Clinical Medicine.

The annual public night of the University College Medical Society was held on October 17th, when an address was given by Dr. Judson S. Bury on Bias in Clinical Medicine, who said that many errors in medicine were due to bias. The word bias appeared to come from an old French word, *biais*, meaning oblique or slanting. As a rule it was used to denote a one-sided tendency of the mind. It was to be observed that the term usually implied error, as when it was said that the judgment was biassed. When a judgment or opinion was correct it was said that it was good or sound, very rarely that it was biassed in the right direction. In extreme cases a man was said to look at things in such a biassed manner that the afflicted person might be deemed to possess what Oliver Wendell Holmes called a squinting brain. The causes that fixed the mind in one direction often unconsciously closing it to the consideration of more than one or two aspects were in part congenital and in part acquired. In cases of congenital bias the sufferer appeared to be devoid of any power of observation. He could see things, but could not observe, and was unable to analyse and form a judgment on the various impressions received by his senses. Acquired bias might affect a mind of good average development; imperfect education was one of the chief causes. Scientific subjects were better taught now than formerly, but in Dr. Bury's opinion there was still a good deal lacking in the methods adopted for the training of men for medical work. Passing next to the bias of authority the speaker said that he included in that phrase all the statements with regard to disease and its nomenclature to be found in the best medical books. Medical knowledge already in their possession, while certainly tending to the advancement of medical science, acted in some degree also as a retarding agent, and a new discovery in medicine might divert the mind too much in one direction, and might thus impair the comprehensive view so necessary for real advance. Dr. Bury illustrated this point by describing in detail the history of peripheral neuritis, and declared that the remedy was to strive to acquire a scientific habit of mind. Students of medicine would best secure this by passing some time in original research, not with the expectation of making a discovery, but for the building up of a scientific habit of thought. Dr. Bury then proceeded to discuss the question of the correctness of the terms curable and incurable disease. After quoting some remarkable cases, he

pointed out that an attack of illness, however slight, might leave behind it some weak spot which after months or even years might be attacked by a toxin or other irritating agent, and become the starting-point of some chronic progressive disease. On the other hand severe organic disease was not always fatal, for occasionally the morbid process was arrested, and in exceptional cases even completely cured. The bias of inclination was well exemplified in a certain writer who had collected a number of cases of the disease which he was investigating, and found that the greater proportion of the features presented by those cases supported a definite view to which the writer himself was much inclined. The inclination was to make deductions not simply from the facts observed, but from the facts suiting his own expectations and wishes. Commenting on the bias of specialism he considered that the throat, ear, eye, and brain specialist should remember the relation of any particular organ to the other parts of the body. The bias of physical signs came last in the list, and it was not to be pretended that a complete examination of any patient had been made till they had studied the chief influences to which his organism had been exposed in the past, and had fully considered its present condition, together with its capacity for existence and health in the future. The impaired vitality and declining strength of a mother who has lost her only child were not revealed by physical signs and chemical tests, and could not be adequately treated by drugs; but the doctor who had studied humanity as well as the pathology of tissues would recognise that the mother's mind was affecting her body, and would know that kindness with sunlight and change were the remedies to help to keep life going till time had healed the wound. Sympathy for suffering was sometimes as necessary for a correct diagnosis as for successful treatment. In conclusion, Dr. Bury said that the preventive treatment of bias consisted of three things—namely, care, doubt, and truth. The doubt he referred to was the true scientific doubt, involving the intention to arrive at a certainty.

MEATH HOSPITAL, DUBLIN.

Tuberculosis in Ireland.

Dr. James Craig, Physician to the hospital, who delivered the introductory address, chose as his subject Pulmonary Consumption in Ireland.

[Dr. Craig opened his address by referring to the loss which the hospital had suffered by the deaths of Sir William Stokes and Mr. Glasgow Patteson, surgeons to the hospital, and of Dr. Arthur Wynne Foot, who had been for twenty-one years physician to the hospital previous to his retirement in 1892. Turning to the main topic of his address, he said:]

Prevalence of Pulmonary Consumption in Ireland.

Nearly 10,000 people in Ireland die every year from pulmonary consumption, and these numbers do not include 3,000 more who succumb to other forms of tuberculosis. Dublin itself, with a population of 350,000, is responsible for some 1,300 deaths per annum, and Belfast, with practically the same population, is a good second with over 1,100 fatal cases in the year. On an average, therefore, 24 inhabitants of this city die every week from a disease which is now regarded as preventable. Several facts in connection with this astounding mortality are worthy of notice.

1. In England the death-rate from consumption has been showing a steady decrease for the last twenty years, whereas in Ireland the reduction has been scarcely appreciable.
2. The death-rate in London from phthisis is less than one-half of that which obtains in Dublin.
3. The fatalities in our city from a combination of the principal zymotic or infectious diseases are fewer than those caused by consumption.
4. The victims of consumption are chiefly the men and women between 25 and 35 years of age, who are the most active workers and breadwinners in the community.

Dr. Craig then referred to the mode in which the disease is acquired and spread, and to the necessity for the disinfection of rooms which had been occupied by persons suffering from pulmonary consumption. He then passed on to consider the methods which should be adopted to prevent the spread of the disease.

The teachers, he said, in the primary schools, who themselves will instruct the young, must be taught the importance of sunshine, fresh air, free ventilation, and cleanliness in the prevention of consumption. The Jubilee nurses afford one of the readiest means of directly carryin into the homes of the poor the information as to the dangerous character of tuberculous expectoration, the necessity for ventilation, fresh air, and whatever isolation may be possible. The employers of labour, in whose places of business numbers of workpeople are congregated together, must see to the proper heating and ventilation of the rooms, to the banishment of dust, and to the destruction of expectoration.

Every movement for improving the homes of the poor, and every organisation to lessen the waste of money in the consumption of drink, should be encouraged.

The sanitary authorities should undertake a room-to-room and house-to-house dissemination of circulars containing practicable advice to be followed by persons infected. The excellent principle adopted by our Medical Superintendent Officer of Health to encourage a voluntary notification of the disease, and the disinfection of the clothing and homes of those who suffer from or have succumbed to its ravages, should be rendered compulsory throughout the entire country. Finally, more stringent measures are required than at present exist to prevent the sale of tuberculous meat and milk, or their contamination by attendants who are themselves consumptive.

Classification of the Consumptive Poor.

I propose to divide the consumptive poor, whose circumstances I desire to discuss, into three groups:

1. Those who, in an early stage of the disease, offer a fair expectation of cure, and are willing to subject themselves to isolation and treatment.
2. The consumptives who are the breadwinners of a family, and are, therefore, compelled to remain in their homes and engage in their daily work while any strength remains to them.
3. Those who in the latest stages of the disease are no longer fit to work, and for whom a hope of cure is practically impossible.

In regard to the first class, there is positively no accommodation provided in connection with this city to which pauper consumptives can look for treatment and a hope of cure. I fully recognise the good work which is already being done by the Consumptive Hospital at Newcastle, but it is not available to pauper inmates, and it contains only thirty-two beds.

The second class is a large one. The individual probably occupies a room in a tenement house, where there is no attempt at reasonable isolation, especially by night, and so the other members of the family are almost certain to become infected.

The case of the third class is the most pitiable of all, and represents the final stages of the others. The sufferers are no longer able to work, are absolutely without means, are in the most infective stage of the disease, the general hospital is no place for their reception, and the convalescent homes in connection with the city have one and all decided to close their doors against them. What, therefore, are the prospects to which they may look forward for the remainder of their lives? To remain half-starved in their miserable homes, spreading the infection to any members of the household who have still escaped it; in a few instances to gain admission to the hospice for the dying, or finally to become unwilling inmates of the union hospital, where the conditions, however excellent, are by no means the most suitable for the amelioration of the symptoms of advanced consumption. I do not in the foregoing category include the Incurable Hospital, for, although a most excellent organisation prevails there, still it is intended for a better class of patients than I am referring to, and a considerable amount of interest is required before admission can be obtained.

The problem, then, which confronts us—and it is one which the public health authorities in the city must conscientiously endeavour to solve—is by what methods the circumstances of each of the three classes whose position I have attempted to define can be most effectively improved.

Sanatoria.

Sanatoria, however rude, should be provided where fresh air and shelter may be available in the treatment of adults and children for whom a cure would be reasonably expected.

France, in addition to several sanatoria for adults, has provided by private subscription two splendid institutions, with 350 beds, available for consumptive boys; and over twenty seaside sanatoria, very much like our own convalescent homes, exist, where from two to three thousand children with a consumptive tendency are capable of being accommodated and restored to health.

Germany, in 1895, had only two sanatoria and two small

houses where the poorer classes could be received for hygienic treatment; but in the three years which followed nearly thirty of these institutions were established, and that, too, indirectly by the poor themselves; for, on account of the law which enforces compulsory insurance against sickness and old age on all whose annual income is less than £150 per annum, the insurance companies were quick to realise that the readiest way to save themselves from the disbursement of sick pay was to expend a large share of the premiums they received in the provision of sanatoria for the treatment of consumption. The result is that, "At the present time, every large town and every district in Germany has its local sanatoria society, and often already its own sanatorium."

Russia was aroused to a sense of its duty in 1895 by a report from the medical practitioners of Petersburg as to the need of sanatoria for the treatment of the consumptive poor, and an appeal was made to the public for funds. This was followed by the formation of a Society under distinguished patronage, to which the Emperor Nicholas II contributed a sum of nearly £50,000 for the erection and maintenance of a sanatorium in memory of the Empress Maria Alexandrovna, who was herself a victim of consumption, and, in addition to this, he handed over to the Society a large property of his own, on which a famous sanatorium has since been placed. Many more of these institutions have been also provided which are supported by individual and public generosity, by local rates, and by church collections.

In *Norway* the popular present to the King in commemoration of the twenty-fifth anniversary of his accession to the throne, amounting to upwards of £100,000, was chiefly devoted by him to the establishment of sanatoria for the consumptive poor. In that country, too, I may say in passing, compulsory notification of the disease has become law, and many useful reforms have been enacted to prevent the spread of the disease.

Switzerland, *Austria-Hungary*, *America*, *the Colonies*, and, in fact, every civilised country on the globe, is making provision for the proper hygienic treatment of consumption.

In *Ireland* what has been done, although deserving of the highest praise, is microscopic in comparison to the needs of the community. Dublin, with nearly 1,300 deaths in the year from consumption (more than half of which are among the strictly poor), can boast of the hospital in County Wicklow with its 32 beds, which have been provided and are maintained by public and individual generosity, aided by the minimum charge of 5s. per week which the inmates are called upon to pay; and Belfast, with a mortality of 1,100 per annum, has 40 beds at its command in the hospital which was erected through the munificent contribution of £13,000 by the late Mr. Forster Green. There the provision for the poor in Ireland, who might hope to be cured, ends. I have no desire to propound visionary or impossible suggestions; on the contrary, I am prepared to admit that we must content ourselves with small but gradual improvements. The hospital at Newcastle is capable of great extension; let it be supported by every legitimate means known to the charitable public, let the ratepayers of the city and county at large be taxed with a small additional sum for this deserving purpose, and soon we shall find ourselves in a position to maintain not only 100 beds at Newcastle, but several further hundreds in ruder shelters, where consumptives among the very poor may not be denied the curative influences of fresh air and wholesome food.

Housing of the Poor.

I am beset with apparently insurmountable difficulties when I approach the task of attempting to suggest any certain methods by which members of a family who inhabit a single room can be prevented from acquiring the disease when one of their number who has become infected is compelled to continue to work. The real difficulty lies in the necessity for isolation at night. The evil would be minimised if due regard were observed in the matter of ventilation, the frequent boiling of clothes, and the destruction of expectoration by fire; but as these precautions are almost unattainable, it is a question whether it would not be possible for the public health authority either to provide a separate room in the same tenement house in which the infected person might sleep, or to set apart special houses which, under their own immediate supervision, might be utilised by victims of the disease who fear to spread the infection to their relatives.

This matter, I understand, is being considered by the Medical Superintendent Officer of Health and a few members of the Public Health Committee of the city, but practical suggestions on the subject from other sources would, I am certain, be gladly welcomed by them.

The pitiable condition of those who, in the latest stages of the disease, are past work, are probably infecting others, and have no prospect before them but the hospice for the dying or the union hospital, is that which most directly appeals to myself in my daily work at hospital. Homes akin to the hospice are an absolute necessity, and the plain duty of the Public Health Committee is to draw the attention of the Corporation to the state of affairs which exists in the city—namely, that numbers of respectable half-starved consumptives, who are a menace to public health, require a spot in which to end their days, and for which the union hospital may be considered sufficiently adequate, but where they certainly are unwilling to die.

Backward State of Sanitation in Ireland.

Let me quote the hopeful words of Dr. F. R. Walters, to whose work on *Sanatoria for Consumptives* I am much indebted. He says, in reference to Great Britain: "Our country's sanitary past has been great and fruitful, and there is every reason to hope that with growing consciousness of the possibility of destroying this dread scourge of humanity, by the abolition of town smoke, the improvement of our dwellings, the better ventilation of rooms and streets, the admission of sunshine into our midst, the inculcation of more rational habits of life, the destruction of sputa, the erection of sanatoria, and in many other ways, she will gradually prepare for herself a still more great and glorious future."

This bright picture, I am sorry to say, does not extend to Ireland, for the neglect of sanitation is undoubtedly the cause of our great mortality from consumption; nor are the prospects for the future so encouraging as they might be. The condition of the city of Kilkenny, as given to the public a few days ago, does not tend to diminish the stream of emigration from our shores, or engender much hope for improved sanitation in the future—no proper water supply, no system of sewerage, 300 cases of diphtheria in the past year, typhus and enteric fever always prevalent, and the Urban Council ignoring for years the reports of their medical officers of health and of the inspectors of the Local Government Board as to the sanitary needs of the town.

I have no hesitation in saying that the action of the Government in the administration which is again about to take office is responsible for the neglected condition of sanitary reform throughout Ireland. The promoters of the Local Government Act of 1898 obstinately refused to put this country on an equal footing with England or Scotland. They refused to accede to the representations of the Irish College of Physicians to render it even permissive for county councils to appoint medical superintendent officers of health over a county or a group of counties, who, as experts and independent of private practice, would have, in conjunction with the existing medical officers of health, done more in one year to establish efficient sanitation throughout the country than can ever be effected by the present organisation.

[Dr. Craig then referred to the fact that the two clinical medals offered by the medical staff of the hospital had been won by lady students, and to the prospects of ladies now entering the profession.]

QUEEN'S COLLEGE, BELFAST.

Address by Dr. McKisack.

The winter session of the medical school of the College and various teaching hospitals has opened. It is too early to be able to judge the probable number of entries. The medical professors delivered their opening lectures on October 16th, and the classes were well attended; on the same morning the formal opening of the session of the medical school was made at the Royal Victoria Hospital, when Dr. McKisack delivered the address, and welcomed the students on behalf of the staff. His opening sentences struck a note of sorrow, when he feelingly referred to the loss the school had so recently sustained in the death of Dr. Strafford Smith; he then expressed the

regret they must all feel at the retirement of Dr. Henry O'Neill. Turning to the future, Dr. McKisack gave a succinct account of the new hospital, whose foundation stone is so shortly to be laid by the Prince of Wales; but he warned the students that while a thoroughly equipped modern hospital was of enormous advantage to them, yet earnest endeavour on the part of both teacher and student was the essential factor of success; many a discovery had been made and much real knowledge gained with simple and very imperfect apparatus. Scientific methods of diagnosis supplemented but did not supplant the education of the senses. The student was urged to abide closely by the curriculum marked out for him, which was the product of many years' experience in the various arrangements for teaching, to enter earnestly into the somewhat dull routine of methodical case-taking, to follow up their cases, and lose no opportunity of repeated examination; the necessity of regularity and punctuality was enforced, and the great wisdom of economy of time. The inestimable advantage of residence in a hospital was pointed out, and all students advised to compete for such a position before entering into practice. The serious advice was given in a light and happy style most suitable to the occasion, and put the audience in the best of humour. Besides the staff and College medical professors, several practitioners came to witness the commencement of another winter's campaign.

UNIVERSITY OF EDINBURGH.

Address by Professor Wyllie.

Professor Wyllie delivered his inaugural address in the McEwan Hall. Sir William Muir presided, and was accompanied on the rostrum by several members of the Senatus Academicus. He devoted his address to a history of the Chair of Medicine in the University of Edinburgh. The great feature of the Edinburgh School was that its various teachers and professors had been from time to time men of the greatest eminence and influence—men whose work had advanced the science of medicine, and whose teaching had established the reputation of the University as a great medical school. One of these—William Cullen—was in his own day the leading physician and the most eminent teacher of medicine in Europe; he was one of the great outstanding figures in the history of medicine. Professor Wyllie then paid a warm tribute to his immediate predecessor, Sir Thomas Grainger Stewart, who had left to the profession works which would be a monument to him and a name and a memory which would be worthy to be ranked with those of his distinguished predecessors in the chair. Of these, seven in number, Professor Wyllie in turn spoke. No fewer than seventeen professors sprang from the remarkable family of Gregory.

Professor Chiene on Hospitals in South Africa.

Professor John Chiene gave the introductory address to the class of Surgery in the McEwan Hall. There was a large audience, composed of leading members of the Senatus Academicus, the Lord Provost of Edinburgh, members of the medical profession and Town Council, former pupils, and present students.

Edinburgh Men in South Africa.

When he arrived in South Africa Professor Chiene found himself among old students of the Edinburgh school. He then understood, as never so fully before, the power of that school, its imperial character, and the strong bond of union that existed between its members. Even in St. Helena he came across an Edinburgh man (Dr. Roe) doing good work in charge of the Boer sick. Everywhere he went he found old pupils—some who had gone out since the war began, some who had settled in the country. All were glad to see him, and those who had been in charge of the Boer ambulances were specially glad. On his arrival at Capetown he was appointed Consultant in the Capetown District, and his principal work lay at Wynberg, Nos. 1 and 2 General Hospitals, and at Rondesbosch No. 3 General Hospital. In all these hospitals he saw both British and Boer wounded, and it was scarcely necessary to say that no difference was made in their treatment by medical officers, nurses, and orderlies. Some of the most serious cases were Boers. He always found them most grateful for all that was done for them. Claremont, Woodstock, Greenpoint, Simonstown, and Stellensbosch were also visited.

Bullet Wounds.

He was struck by the number of cases of arterio-venous aneurysm, by the cases of hæmothorax rarely ending in empyema, by the numerous cases of hernia demanding operation for radical cure, and by the fact that the great majority of bullet wounds healed by first intention, and that bullets passed through the cavities of the body without any apparent damage. One case made a great impression on him. A soldier lying on his face was struck by a Mauser bullet. The bullet entered above the left clavicle, and passed through the thorax and abdomen, and was removed from Scarpa's triangle on the right side. No bad results followed—truly an anatomical problem worthy of Sir William Turner's attention. The bullet wounds at close range were more severe than those at a distance. Possibly the bullet might oscillate for 400 yards, and then steady down to pass right through the tissues, soft and bony, making a wound in the skin like a leech bite, and with little distinction between the apertures of entrance and exit. Shrapnel cases were the worst. Shrapnel and lyddite, as the Boers told him, were their two fears; they had no fear of the bullets. Patients in the wards were divided into two classes—those who wished to get back and fight, and those who wished to be sent home. The first class were aseptic surgical cases, the second class those who suffered from surgical sepsis and from medical maladies, especially dysentery.

Emergency and Temporary Hospitals.

Regarding his visit to Kimberley in May, he said that everything seemed to him to be done to make the patients in the extemporised hospitals comfortable. But here it was that he was first brought face to face with the municipal problem—to what extent was it advisable to crowd a town with enteric patients? During Mr. Chiene's subsequent visit to Pretoria, Mr. Esselen, formerly Attorney-General to the South African Republic, and an old dresser of his who took to the law, complained to him of the contamination of that town. When could these buildings be again used for their original purposes? What form of fumigation and cleansing would be required to disinfect and purify them? "Hospitals," said Sir James Simpson, "should be built of wood, and should be burned every ten years." He had often thought that schools and halls connected with churches should be burned from time to time. The future of South Africa depended on two things—irrigation of the land and destruction of the dejecta. In passing, a word of commendation was given to No. 11 General Hospital outside Kimberley, in the erection of which the De Beers Company had given valuable assistance. Mr. Chiene then referred to the kindness he had received at the hands of Major-General Sir Archibald Hunter, of his somewhat risky journey to Mafeking after its relief in the company of his old Edinburgh friend Dr. W. H. Steele, who was taking up the *x*-ray apparatus. They were warmly welcomed as the medical relief column from the south, and were able to give much help. Dr. Cameron Dunlop, who had charge of a Boer ambulance at Lichtenberg, told him that they had few enteric cases there. Why was this? Were the Boers when children or young adults attacked with the disease, and then rendered partly immune? The Yeomanry Hospital at Deelfontein was doing excellent work when he saw it.

Edinburgh and East of Scotland Hospital.

Norval's Pont, an important military station guarding the bridge over the Orange River, had been used as a camping ground from October, 1899, first by the Boers when they invaded the Colony, and again on their retreat they made a stand at this place. The ground had been used by many thousands of our troops on their way north to battle, and all the sick had passed South through that station. The camping ground round Norval's Pont was covered with dried enteric and dysenteric dejecta. Dust storms drove the poison into every nook and cranny of tents and huts. It was no wonder that they passed through suffering, but they stuck manfully to their duty, and he never felt prouder of Edinburgh and the Edinburgh School than when he found everyone at his or her post striving to mitigate and combat the mischief. Precautions had been taken from the first. Sir James Clark and Mr. David Wal-

lace refused to take the site that had been allotted to the hospital, and chose a healthy position on the slope, half a mile from the station. When he arrived, Dr. Francis D. Boyd, the assistant surgeons, nurses, dressers and orderlies had their hands full, and he could not speak in sufficiently high terms of their fortitude and endurance. Not a drop of unboiled water was used, and the source of the milk supply was very closely looked into. But it was not a question of either water or milk. It was dust and flies. The dust was inhaled and swallowed, the flies carried the poison from the latrines to the food, and thus infection was carried to the two great absorption areas—the lungs and the intestinal canal. On October 16th the hospital was handed over to the Government, and the return of the staff might be expected in the middle of November. They had served their Queen and their country nobly, and they had ever had before them that they were citizens of no mean city, that they were there to uphold the credit of their Alma Mater and the Royal Infirmary as centres of light and leading. The patients had been treated exactly as they would have been in the Royal Infirmary and City Hospital. Thanks to the ready assistance of the citizens of Edinburgh and east of Scotland given to the Lord Provost and his Committee every comfort was available, and everything that science and kindness could do was done. In their initial difficulties the military staff officers at Norval's Pont and elsewhere gave every assistance. Professor Chiene concluded this part of his address by a kindly and feeling reference to Nurse Boyd (a sister of Dr. Francis D. Boyd) and William Dick, a second-class orderly, who had both died at their posts.

Bloemfontein and Kroonstadt.

In Bloemfontein, when he saw it in July, everything was very different from what existed when enteric was rife, and the difficulties of transport were so great. The same difficulties might have arisen in any large town in this country had such a large number of patients been suddenly thrust upon them. Mr. Chiene next spoke of the excellent order in which he found part of No. 3 General Hospital at Kroonstadt under Colonel Oswald Wood; the Scottish Red Cross Hospital, under Dr. Clark, Senior Surgeon of the Glasgow Royal Infirmary; the hospitals at Johannesberg and Pretoria. In the last-named, the Irish Hospital, under Sir William Thomson, was doing invaluable work. Altogether, the share the civil surgeons has taken in the late crisis had been a very important one, and the help they had given to the Army Medical Department could not but be looked on with pride by the Empire.

The Railway Service.

The comfort of the hospital trains, three of which were under the charge of old Edinburgh men, was referred to, the admirable hospital arrangements in Natal, and the level-headedness of the central medical authority there. The task in Cape Colony was simpler, since the country was loyal, the railway service uninterrupted, and the distance only 200 to 300 miles, and only 50,000 men had to be fed and clothed in place of 150,000.

The Boer Wounded.

He had seen the Boer wounded at every large centre, and his last official duty was to visit those who were for the time being kept in St. Helena. The medical profession knew no nationality. Everyone, on whatever side he might be, who was ill received their help, and he felt fully justified in saying that the same consideration which was given by the medical men on the British side to the Boer wounded was fully reciprocated by the medical men in charge of the Boer ambulances. Putting aside foreign ambulances, more than 50 per cent. of those who served as medical men on the Boer side were taught in the Edinburgh School.

Hospital Administration.

The whole question of hospital administration in the war was still *sub judice*. Everyone who had the medical instinct, sympathy for the suffering, would be willing confidently to wait the verdict. Let them be thankful that the individual members of the profession had done their duty, and let them wait with equanimity, knowing that only good could come from a thorough investigation into those charges which had stirred the sympathy of the nation. Three things had made a deep impression on him: First, the gratitude, bravery, and patience of the soldiers in hospital; secondly, that he had never been privileged in the space of six months to give so much happiness to his fellow men; and thirdly, that at the best war was a miserable business. We had all lost friends. We had all suffered. By our suffering the Empire had been welded together and strengthened.

UNIVERSITY COLLEGE, LIVERPOOL.

Distribution of Prizes by the Bishop.

The formal opening of the Medical Faculty of University College took place on Saturday, October 13th, when the Bishop of Liverpool (Dr. Chavasse) distributed the medals and prizes gained during the last session, and delivered the introductory address. In the course of it he remarked that he was glad to show early in his residence in Liverpool his deep interest as a university man in the fortunes of the young and vigorous University College of Liverpool, which he believed helped to supply a very real want in that great northern city and its neighbourhood, and he was persuaded had before it a great and fruitful future. As the descendant of four successive generations of medical men, he felt it a peculiar privilege to be allowed to meet those who were training for a profession which he had venerated from a child as one of the noblest on earth. He took as the subject of his address the life and work of the three great British doctors—William Harvey, John Hunter, and Thomas Sydenham—and dealt with their careers and characters in a masterly and most interesting manner. In summing up the lessons to be drawn from the examples of these men, he said that their discoveries and writings had blessed and enriched the world, and he was not sure whether they did not achieve more by their character and example. They helped to mould the high character of British doctors, which was the glory of the profession and of the country. The keen discoverer, the patient investigator, men of self-sacrifice and devotion to duty, the generous helper of the poor, bore witness that God cared for the bodies as well as the souls of men. Such men had lived in the past, and, thank God, they were living still. His best wish for the students was that they might unite the culture of William Harvey with the industry of John Hunter, and crown both with the love of truth of God; and of man which was the glory of Thomas Sydenham.

Biennial Dinner.

In the evening the biennial dinner of the Medical Faculty took place in the Exchange Station Hotel. Covers were laid for 160. Sir William Banks, President of the Faculty, was in the chair, and the guests included the Lord Bishop of the Diocese (Dr. Chavasse), the Lord Mayor of Liverpool, Principal Oliver Lodge (Birmingham), Mr. Warr, M.P., and Mr. E. K. Muspratt. It was one of the largest and most successful dinners that has ever been held in Liverpool.

UNIVERSITY OF ST. ANDREWS.

Owing to the death of the Marquis of Bute, the address which Principal Donaldson was to have given at the opening of the University Session was not actually delivered, but it has been printed and circulated among the students. After alluding to the provision made and contemplated for the women students of the University, he discussed the question of medical education at St. Andrews. For many years the only subjects of the medical curriculum taught at St. Andrews were botany and zoology, and the rest were taught in connection with the Infirmary at Dundee. But comparatively recently, mainly owing to the influence of the medical graduates of the University who are scattered throughout England and Ireland, and form a majority of its general council, arrangements have been made for providing teaching of the subjects usually taken during the first two years of medical study, and these have been in force during the last four years. The late Marquis of Bute, as Lord Rector of the University, not only made generous contributions to the building funds of the University in respect of its medical faculty, but he also made the munificent offer of £20,000 to found a chair of anatomy provided the arrangements for two complete years of medical study were made permanent. This, as has been recorded in the British Medical Journal, has become an accomplished

fact, although in the opinion of some it was unwise to have a second year's medical course where provision for hospital teaching was not available. The plan of teaching anatomy and physiology with other ancillary sciences in a university with the understanding that the clinical training of the medical student should be obtained elsewhere, has been followed with not other than good results in the case of the older English universities, and the University of St. Andrews has doubtless done wisely in accepting the late Lord Bute's offer.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE, CARDIFF.

ON Wednesday afternoon, October 10th, Sir John Williams, Bart., M.D., delivered the inaugural address at the opening of the medical session. There was a large attendance. The chair was occupied Dr. William Thomas Edwards, M.D., Vice-President of the College. The address, which was published in the BRITISH MEDICAL JOURNAL of October 13th, was listened to with much interest. A vote of thanks was proposed by Professor Dixon, Dean of the Faculty of Medicine, and seconded by Dr. Thomas Wallace, President of the Local Branch of the British Medical Association.

The Principal of the College, Professor J. Viriamu Jones, F.R.S., has now quite recovered from his long and serious illness, and has taken up his work again at the College.

The Council of the College has appointed Mr. Evelyn John Evatt, M.B., B.S.Durham, Demonstrator and Assistant Lecturer in Anatomy.

The Samuel Brothers (of Cardiff) Scholarship has been awarded to Mr. James Jenkins Paterson.

ENTRANCE SCHOLARSHIPS.

THE following scholarships have been awarded for 1900:

St. George's Hospital Medical School.—An Entrance Scholarship in Arts, of the value of £150, to Mr. Valentine Henry Blake. An Entrance Scholarship in Arts, of the value of £50, to Mr. James Aubrey Torrens, of St. Paul's School. An Entrance Scholarship in Science, of the value of £85, to Mr. Basil Nelson Tebbs, M.A., of Queen's College, Cambridge. An Entrance Scholarship in Science, of the value of £42 10s., to Mr. John Douglas Hope Freshwater, B.A., of Trinity College, Cambridge. An Entrance Scholarship in Science, of the value of £42 10s., to Mr. Harry Bertram McCaskie, B.A., of Caius College, Cambridge.

King's College, London.—In the Medical Faculty: Warneford Scholarships, £75 each, Mr. R. Taylor and Mr. A. M. Pollard. Medical Entrance Scholarship, 60 guineas, to Mr. E. J. Miller. Sambrooke Medical Scholarships of £60 to Mr. R. H. C. Gompertz, and £40 to Mr. A. D. Griffith. Open to all Faculties: Clothworkers' Science Scholarships, £30 for two years, to Mr. W. J. Marlow, and £20 for two years to Mr. O. C. Thompson.

LITERARY NOTES.

ONE of the signs of the times is the increasing attention everywhere given to tropical medicine. There is nothing surprising, therefore, in the appearance of a journal devoted to the subject at Havana. The title of the new periodical, which is to be published monthly, is *Revista de Medicina Tropical.* The editor-in-chief is Professor Juan Guiteras, whose name is well known as an authority on tropical diseases, and among the members of the staff are Dr. Charlor Finlay, Dr. Raimundo Menocal, and Dr. Emilio Martinez. The first number (July) contains papers on the introduction and dissemination of bubonic plague, preventive inoculation against typhoid fever, and the pathogeny of icterus gravis. Among the contents of the second number (August) is a preliminary note by Professor Guiteras on "Anopheles in Cuba."

In the July number of *Science Gossip* there will be found an interesting article by Major B. M. Skinner, R.A.M.C., Medical Officer in charge of the Staff of the Sixth Division of the South Africa Field Force. It is upon the geology of the region traversed by the army in the march from Enslin to Bloemfontein. Major Skinner, who is a skilled geologist, describes the extraordinary appearance and formation of that inhospitable country. The article is illustrated by diagrams of sections.

Mr. Jonathan Hutchinson in a recent issue of his *Archives of Surgery* states that in the Harleian Manuscript 383, there is a copy of a letter from a Mr. William Neve to Sir Thomas Hollande, concerning the embalmment and bringing to town of the body of King James. The writer says:

> The King's body was about the 20th of March disembowelled, and his heart was found to be great but soft, his liver freshe as a young man's, one of his kidneys very good, but the other shrunke soe little as they could hardly find it, wherein there was two stones. His Lites and Gall blacke: judged to proceed of melancholy. The semyture of his head so stronge as they could hardly breake it open with a chesill and a sawe; and soe full of braynes as they could not upon the openinge keepe them from spilling: a great marke of his infynite judgement.

Dr. Max von Niessen (Wiesbaden) has issued the first number of a periodical to be devoted to the study of syphilis. It is printed in French and German in parallel columns. The German title is *Beiträge zur Syphilis-Forschung;* the French title *Articles pour l'Investigation de la Syphilis.* The first number contains two papers by Dr. von Neissen, the one on a method of cultivating a bacillus, which he believes to be a specific, from the blood of syphilitic patients; the other upon the method of cultivating gonococci. Both articles are illustrated by reproductions of microphotographs. Contributions are invited from persons interested in the study of syphilis, and articles in English will be published with translations into French and German. The periodical, which is published by the editor at Wiesbaden, will appear at irregular intervals. The cost, we understand from a notice appended to the first number, is defrayed by a generous friend of Dr. Neissen.

ASSOCIATION INTELLIGENCE.

COUNCIL.

ALTERATION OF DATE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association at 429, Strand (corner of Agar Street), London, on **Wednesday the 24th day of October next,** at 2 o'clock in the afternoon.

The following Committees will also meet:

Tuesday, October 23rd, 1900.—2.0 P.M., Premises and Library Committee.—2.30 P.M., Constitution Committee.—4.30 P.M., Arrangement Committee. *Wednesday, October 24th, 1900.*—10.0 A.M., Journal and Finance Committee.—5.0 P.M., Parliamentary Bills Committee.

FRANCIS FOWKE, *General Secretary.*

October 17th, 1900.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 A.M. to 5 P.M. Members can have their letters addressed to them at the office.

BRANCH MEETINGS TO BE HELD.

PERTHSHIRE BRANCH.—The annual meeting of this Branch will be held in the Station Hotel, Perth, on Friday, November 2nd. Candidates for election will please communicate with A. R. URQUHART, James Murray's Royal Asylum, Perth, Honorary Secretary.

SHROPSHIRE AND MID-WALES BRANCH.—The annual general meeting of this Branch will be held at the Salop Infirmary on Tuesday, October 23rd, at 3 P.M.—HAROLD H. B. MACLEOD, College Hill, Shrewsbury, Honorary Secretary.

STAFFORDSHIRE BRANCH.—The twenty-seventh annual general meeting of this Branch will be held at the Victoria Hotel, Wolverhampton, on Thursday, October 25th, at 5 P.M., when an address will be delivered by Dr. Alfred H. Carter, President-Elect. Business: Election of new members. Reports of Council and Ethical Committee. To decide place of holding next annual meeting. Election of officers and Council for the ensuing year.—F. MILNES BLUMER, Stafford, Honorary General Secretary.