mence the study of those sciences at Newnham she could not be in a better place. Bedford College was attached to the University of London, and the students prepared for the degrees of the London University, and if they began with chemistry and physics that was ample, as it was all that the Council was concerned with. If there was no proper instruction in chemistry they could not be signed up for it. All the Council and the Registrar had to do was to let the student begin his first year at a proper institution; he began with chemistry and physics, and he had nothing to do with biology; when he finished those subjects he went on to biology. With regard to the exclusion of technical schools, it was only where those institutions in which technical education alone was provided for which were excluded; but if technical education and medical education as well was conducted by them, then they were included.

Dr. NORMAN MOORE was very sorry to press anything against Newnham College, but he maintained that to take advantage of surrounding circumstances was a different thing to having a place adapted for teaching fitted up within its own walls; otherwise, if that view were adopted, a person living in London might have recourse to the British Museum. However, he had such a regard for Newnham College that he should be very unwilling to press it, and if the Council could be satisfied that the College was teaching those subjects within its own walls then it should be included.

The amendment was then put and declared lost.

The PRESIDENT pointed out that the motion before the Chair was that the list of scientific institutions submitted by the Executive Committee be approved.

Dr. MCVAIL thought that this matter should not be discussed until the report of the Education Committee had been considered, because it was practically the admission of a number of institutions that were not medical schools. If the motion was carried it would very greatly augment that list. Therefore he proposed:

That the further consideration of the report of the Executive Committee regarding the list of scientific institutions recognised by licensing bodies be postponed until after the Education Committee's report with regard to the conditions of admission to the *Students Register* has been considered.

Dr. GLOVER seconded the motion.

Dr. MACALISTER was of opinion that the postponement would only further complicate matters as it was not certain that the Council could come to a final conclusion upon the Education Committee's report with regard to the conditions of admission to the *Students Register*; and there was the further fact that the list could be extended at any time by taking the proper means. Many members were surprised at the omission from the list of certain well-known science colleges, but the reason of that was that those science colleges had not been recognised by the licensing bodies. As soon as such recognition was obtained there would be no difficulty in increasing the list.

Mr. GEORGE BROWN supported the amendment because he intended later on to move that this Council should recognise pupilage with a medical man as part of the first year's medical education.

The PRESIDENT pointed out that there were already cases before the Registrar awaiting some deliverance by the Council as to the recognition of certain scientific institutions, that was to say, certain applicants for registration who desired to know whether certain of these institutions would be recognised, therefore there was a practical question involved in the consideration of this list. It was obvious from what had fallen from Dr. MacAlister and the report itself that this list was not a final one, and he would observe that Scotland stood without a representative upon it. He had pointed out the fact to Dr. MacAlister, but the answer he got was one he was obliged to accept, namely, that none of the schools in Scotland were recognised by the licensing bodies there, but so soon as they were recognised by those licensing bodies the Committee would be prepared to admit them.

Sir WILLIAM THOMSON supported the postponement, because it seemed to him that the question was important and was involved in the matter of the Education Committee's report.

[The amendment was then put when 14 voted for and 5 against, and it was declared carried.]

At the request of Dr. PETTIGREW the names and numbers were taken down. The amendment was then put as a substantive motion, and was declared carried.

RESTORATION OF NAMES.

On the motion of Dr. MACALISTER, the Council went into *camera* to receive a report from the Executive Committee in regard to certain applications for the restoration to the *Medical Register* of names removed under Section XXIX of the Medical Act, 1858.

At 6 P.M. the Council adjourned, no intimation being conveyed to the press.

THE WORKING OF THE REFUGEE CAMPS.

THE volume of reports, etc., on the working of the refugee camps has now become accessible, and we are therefore in a position to attempt a summary of their contents. This task is by no means an easy one, as the reports simply follow each other in chronological order, and to obtain a complete and continuous view of the different camps it is necessary to examine five different reports for each camp. We propose to confine ourselves in the present article to the camps in the Transvaal, which, as shown in our former article, have had a higher mortality than the camps in the Orange Colony and Natal.

TRANSVAAL CAMPS.

The inmates of the different camps were divided in the first instance into three classes:

1. Those who have come into the camps for protection of themselves and their herds, and are self-supporting.
2. Those who have surrendered and come into camp for protection, but are unable to support themselves. In this class would be included widows and orphans and the relatives of our prisoners of war.
3. Those whose husbands are on commando, and have been brought into camp for their own protection against natives, etc., or for military reasons.

It is noted (March 22nd) that it is difficult to treat with the liberality they deserve Classes 1 and 2 without incurring the reproach of having treated Class 3 with undue generosity. The largest camps in the Transvaal are at Heidelberg, Irene, Johannesburg, Potchefstroom, Standerton, and Volksrust.

The following statistical table shows the sickness and mortality experience in the Transvaal camps in the month of April. The deaths for men, women, and children are massed together and cannot be differentiated, but it is possible to give separately the sickness-rate among children. For death-rates the nearest whole number has been taken, decimals being avoided:

Statistics for April.

Name of Camp Arranged in Order of Increasing Population.	Total Population, April 30th, 1901.	Per 1,000 of Each Group.		
		Men, Women, and Children.		Children Alone: Daily Sickness-rate.
		Monthly Death-rate.	Daily Sickness-rate.	
Barberton	445	10	133	115
Vereeniging	733	7	33	88
Mafeking	765	5	107	115
Klerksdorp	901	2	21	75
Heidelberg	1,086	2	61	7
Krugersdorp	1,088	—	2	23
Standerton	1,237	20	28	4
Middleburg	1,292	7	101	32
Johannesburg	3,170	28	44	66
Volksrust	3,578	7	18	31
Irene	3,703	13	86	20
Potchefstroom...	5,724	4	11	83

It will be noted that the highest general death-rate at this early stage of the history of the camps was in the Standerton, Johannesburg, Irene, and Barberton camps, the highest sickness-rate among children in the Barberton, Mafeking, Klerksdorp, Johannesburg, and Potchefstroom camps.

In May, deaths for children are given separately for each of the above camps, and the total monthly death-rate and the

death-rate for children, as well as sickness-rates can be stated.

Statistics for May.

Name of Camp Arranged in Order of Increasing Population.	Total Population, May 31st, 1901.	Monthly Death-rate per 1,000 of each Group.		Average Daily Sickness rate per 1,000 of each Group.	
		Men, Women, and Children.	Children Alone.	Men, Women, and Children.	Children Alone.
Barberton	576	2	4	29	33
Vereeniging ...	811	7	1	25	4
Mafeking	1,046	5	1	37	21
Heidelberg	1,434	12	15	18	16
Krugersdorp ...	1,531	—	3	2	4
Klerksdorp	1,963	4	5	2	1
Pietersburg.....	2,301	29	5	47	39
Standerton	2,983	12	20	12	11
Johannesburg .	3,379	24	45	45	95
Irene	4,319	16	30	74	109
Volksrust.....	4,810	71	13	38	39
Potchefstroom .	6,149	72	8	18	20
Middelburg.....	6,637	46	6	47	43

Thus in May the highest general death-rates occurred in the Potchefstroom, Volksrust, Middleburg, and Pietersburg Camps, and the highest sickness-rate among children in the Irene, Johannesburg, Middleburg, Pietersburg, and Volksrust Camps. At the Johannesburg Camp, of 79 total deaths 51 were caused by measles, 14 by pneumonia and bronchitis, and 1 by diarrhœa. At the Irene Camp, of 70 total deaths 31 were caused by measles, 10 by diarrhœa, 5 by dysentery, 9 by pneumonia and bronchitis, and 3 by enteric fever. At Standerton there were no deaths from measles, but 3 from dysentery, 11 from enteric fever, and 3 from pneumonia and bronchitis. At Potchefstroom, of 44 total deaths 7 were due to measles, 5 to diarrhœa, 12 to pneumonia and bronchitis, 10 to enteric fever. From several camps measles was absent, but enteric fever prevailed. Thus in Volksrust no death from measles occurred, but 4 from diarrhœa, 2 from dysentery, 7 from enteric fever.

Having given somewhat full statistics for the first two months' records embodied in the official report, it will perhaps suffice for the remaining three months included in the report to give only the average daily number of sick in each of the Transvaal Camps. For convenience of comparison the data for five months are placed in parallel columns, and in the following table the largest camps are placed first:

Average Daily Sick during the Month per 1,000 Men, Women, and Children in each Camp.

Name of Camp in Order of Population.	Population, Aug. 31, 1901.	Daily Sickness-rate per 1,000.				
		April.	May.	June.	July.	August.
Potchefstroom ...	7,355	11	18	46	22	15
Middleburg	6,523	101	47	70	96	118
Volksrust	5,271	18	38	31	42	115
Johannesburg Relief.	5,139	—	—	—	—	?
Krugersdorp	4,853	2	2	*Nil*	1	20
Mafeking	4,676	107	37	15	18	16
Irene	4,655	86	74	74	84	61
Klerksdorp	4,588	21	2	2	5	18
Pietersburg	3,713	—	47	102	136	141
Johannesburg ...	3,505	44	45	41	2	6
Standerton	3,297	28	12	8	8	9
Heidelberg	2,222	61	18	15	20	210
Pretoria Relief ...	2,000	—	—	—	—	?
Barberton	1,938	133	29	17	13	59
Balmoral	1,660	—	—	—	—	17
Nylstroom	1,475	—	—	26	39	99
Belfast	1,407	—	—	18	16	31
Vereeniging	976	33	25	10	18	173
Vryheid	197	—	—	?	?	?
Lydenburg	42	—	—	?	185	71
Waterval North ...	8	—	—	?	?	?

The Transvaal Camps may be roughly classified in accordance with whether they show an improvement, deterioration, or a fairly stationary condition as regards sickness month by month. In the improving group Mafeking Camp takes a prominent position; Johannesburg occupies a similar position, though how far this is due to the formation of Johannesburg relief camps, for which no vital statistics are given, must be left in doubt. Standerton occupies a fairly uniformly favourable position, while the statistics of Krugersdorp are even more favourable. On the other hand, Irene Camp has had a consistently bad record; so likewise has Middleburg; and the conditions at Volksrust, Petersburg, Nylstroom, and Vereeniging deteriorated. It would be easy to extend our comparisons to the camps in the Orange River Colony and Natal; but such statistics would be wearisome; and the present examples will probably suffice to illustrate the causes of the more or less favourable statistics in the different camps.

Irene, for instance, has had a consistently bad record. What are the facts recorded about it? Dr. George Turner, the Medical Officer of Health of the Transvaal, officially inspected the camp on the March 6th. He reports that the latrines are well placed, but that there are insufficient pails: and that the floors of the latrines require paving. Pails for night use near the tents were also needed. Slaughtering of sheep, which was forbidden in the camp, nevertheless was winked at to some extent. The number of sick was great, and something should be done to diminish the number of cases of diarrhœa. He particularly urges that all milk be diluted with boiled water before being served out, in view of the stupidity of the Boer mothers. He notes that no care could have prevented the measles cases.

For the month of May at the same camp, Dr. Green, the Medical Officer, ascribes the heavy mortality to malaria, dysentery and diarrhœa, measles, and pneumonia; either caused or made worse by cold and insufficient clothing. He also states that the average infantile mortality among Boers on their own farms is very great. The tents were unsuitable for invalids, allowing great extremes of temperature. The medical and nursing staff was deficient in numbers. In June, Dr. Woodroffe, then medical officer of the Irene camp, ascribes the high mortality to measles, to excessive changes of temperature in the camps, to the aversion of the Boers to fresh air and clean water, to the absence of fresh milk and vegetables from the diet, to the helplessness and callousness of many during sickness, and their belief in disgusting remedies, and their unwillingness to help one another.

For August it is reported that the constant importation of new inhabitants kept the measles going, that the disgusting remedies used by the Boers made matters worse; but that "the sanitary condition of the camp is good." It is stated that—

"A sharp watch has to be kept to prevent people emptying their slops at their front door. In the tents of some, slops and stools are allowed to remain for hours without being removed, blankets and shawls are often used as diapers for babies, with the result that the stench is unbearable."

The following disgusting details of Boer domestic medication remind one of mediæval Europe:

"No one can imagine the difficulty a medical man has in preventing these people from using their dangerous, useless, and disgusting remedies. Goat dung and wormwood made into a decoction and drunk in quantities is the favourite "drippel" or "middel" "for bringing the measles out;" pieces of raw meat are bandaged over each eye in acute conjunctivitis, and most of these cases are caused by dirt. Babies' ears are receptacles for an endless variety of rubbish, and consequently otorrhœa is very common. Rags wetted with human urine are used for open flesh wounds, and so on."

Krugersdorp may be taken as an example of a camp with a very good record. It is noted that in May the condition of the families brought in was deplorable, as they were very short of clothing and bedding. The food supply was, however, very good and the water excellent, and there was little sickness. The report for the month of June states that the camp is on sloping ground, that it has been drained by deep trenches, and that a reservoir for water, large enough for the entire camp, has been built. The pail system was in use. Only 8 deaths had occurred, 3 from starvation, the patients having been brought in in a dying condition. In July measles was epidemic, but the death-rate remained low. The sanitary arrangements were excellent.

It would be easy to extend the preceding examples. Sufficient, however, has been adduced to indicate some of the main lessons of the camps:

1. A large share of the high death-rate in them is ascribable to the condition in which the women and children arrive.

Often they have been half-starved and are broken down in health. It cannot be wondered at that under these circumstances measles and other diseases are inordinately fatal.

2. The dirty personal habits of the Boers, their use of improper and often disgusting remedies, and their ignorant errors of dietetics in regard to young children have rendered it extremely difficult to secure favourable results in the treatment of cases of sickness among the Boer children.

3. There appears to be no doubt, as indicated in our previous special article, that the measles which has been prevalent has been of a specially malignant type. Its malignancy has doubtless been intensified by the dirty condition of the Boer children, and by the overcrowding that has been permitted in the camps, as well as by the previous bad health of these children.

4. The present reports afford abundant evidence confirmatory of the conclusion at which we had previously arrived that dysentery, diarrhœa, and enteric fever in a large proportion of the camps have been prevalent as well as measles.

5. The fact that some of the camps have had but little of any of these diseases, and that measles when it has been introduced into them has had a relatively low fatality, appears to indicate not merely differences in the condition of the Boer women and children on their arrival in camp, but differences in the subsequent management of the respective camps. Numbers, however, as well as quality are required. Doctors, nurses, and inspectors cannot do a superhuman amount of work; and in a large proportion of the reports there is complaint of an insufficient staff.

6. It is clear that every attempt appears to have been made to provide necessary food, clothing, and medical comforts. Sometimes these attempts failed, but this was obviously not owing to lack of efforts in this direction.

7. We had anticipated that an examination of the preceding statistical tables, prepared at great labour, would have shown a regular relationship between magnitude of the camps and amount of sickness and mortality. Roughly speaking there is such a relationship but it is not uniform. One or two of the smaller camps show a high mortality; several of the large camps, particularly Krugersdorp, Klerksdorp, and Standerton show a low mortality. This may be partially due to the fortuitous non-introduction of infection. Internal evidence seems, however, to show that it is due in a much larger degree to more efficient administration than that of the more severely scourged camps. These facts do not, in our opinion, militate against the main conclusion which we urged in the previous special article—that the camps should be split up and scattered, and be placed on pure soil, the maintenance of which in its pristine freedom from contamination by excreta or "slops" should be the constant care of a sufficient staff. One of the chief causes of the recent high mortality has been the difficulty of getting the Boers to use latrines, of preventing them contaminating the soil around their tents. In some camps there has been much greater success in this matter than in others. If the unsuccessful camps were moved and placed under efficient supervision and control, great improvement could almost certainly be effected.

JAMAICA AS A HEALTH RESORT.

[FROM OUR SPECIAL COMMISSIONER.]

WHEN, in the early part of the year, I was offered the opportunity of voyaging to Jamaica, with the object of briefly reporting from personal observation on the capabilities of that island as a health or pleasure resort, I accepted with pleasure. It was no small consideration to escape for more than four weeks from the rigour of this insular climate during the months of February and March. As with most others, too, the very name of the West Indies was to me associated with a charm and romance above, perhaps, those attaching to any other portion of the world. The writings of Kingsley and Michael Scott recurred to one, and with the younger and more ardent doubtless the writings of Marryat, with the descriptions of lovely Creoles and "dignity balls," would have recurred with still more vivid force. To visit for however brief a period some of the scenes these writers have described, to view with one's own eyes the wondrous wealth and beauty of the tropical vegetation, and to taste the numerous tropical fruits, whose excellence could only be tested on their native soil, made up a programme too enticing to be resisted.

THE VOYAGE.

A drawback to Jamaica as a health or pleasure resort is, to many, its distance from this country, some 4,000 miles odd. Formerly this disadvantage was enhanced by the fact that it could be reached only by a line of steamers that called previously at several other West Indian islands, or by going over to America, and taking a long train journey south, with a final sea trip of several days' duration. In either case, by these routes the journey from England to Jamaica took the best part of three weeks. By the establishment of the Imperial Direct West India Mail Service (Elder, Dempster, and Co.), which runs a fortnightly service of boats direct to Jamaica, and has in contemplation a weekly service in the near future, a considerable reduction in the length of the journey has been achieved. It now lasts about twelve days, a less time than that occupied by going to Egypt by "long sea," and many intending travellers to the East might fairly turn their faces Westward Ho! with both pleasure and profit to themselves.

Journeying down from Paddington on February 16th skating was going on in numerous places adjacent to the line, and it was pleasant to think that in a couple of days or so one would be in a distinctly warmer clime, where great coats would be an unnecessary encumbrance. At Bristol we found the engine of the special boat train decorated with laurels and flags, ours being the pioneer journey of the service, and the same decorations were lavishly displayed on all sides on nearing Avonmouth. So much time, however, was wasted on this short journey that one could have wished for less grandeur and more speed, but it is not fair to cavil at the arrangements on an initial trip, and doubtless on subsequent occasions every punctuality has been maintained. As the arrival platform adjoined the wharf the vessel was easily reached from the train by walking through a covered shed. The appearance of our ship—the *Port Morant*—was a truly pleasing one. Painted a pure white, with an excellent promenade deck and other accommodations, she looked more like a steam pleasure yacht than a vessel designed for serious work in the North Atlantic. She was one of the smaller boats of the fleet, being slightly under 3,000 tons burden, most of the others ranging over 4,000 tons. In spite of several very minor defects, which only actual experience at sea could reveal, the *Port Morant* proved a trusty and seaworthy vessel, capable of steaming at considerably more than the guaranteed speed. As she was the pioneer vessel of the service, the whole of the inhabitants of Avonmouth and the district turned out to wish success to the enterprise which promises so much for the trade and prosperity of Bristol and the neighbourhood. It soon appeared that the passengers were a community almost solely on pleasure bent, and there was an absence of any distressing leave-takings, and to the joyous strains of a band, the waving of flags, and the continuous cheering of the crowd on shore, we started on our long journey.

We carried rather more than forty, our full complement, of first saloon passengers, one or two having to depend for sleeping accommodation on the resources of the second saloon, but this was no real hardship. Including the surgeon to the ship, there were no fewer than seven doctors on board, most of them making the trip for the sake of health or pleasure. A distinguished member of the medical coterie was Dr. F. W. Mott, who was suffering from some unpleasant sequelæ of "influenza"; and it must be a source of universal gratification that he came back restored to health to pursue his researches in neurology and pathological chemistry.

The first part of the voyage was somewhat rough, but the weather in the North Atlantic at that time of the year is proverbially uncertain. It was not so rough, however, as to be unpleasant except to very bad sailors, and it only gave rise to such minor inconveniences as the occasional having to dodge a dish at meals, and the necessity of dealing the cards at bridge directly into each player's hand as the motion of the vessel prevented their stopping on the table. The latter part of the voyage was delightful, and thoroughly enjoyed by every one on board. The sea was quite calm, and its intense blue surface was only broken by the frequent flights of myriads of