

secretary of the new Irish Medical Committee to send to all the new appointees a copy of the resolution passed at a meeting of medical delegates on June 17th, to the effect that if the Commissioners persisted in appointing medical advisers for the purpose of certification and refused to withdraw those already appointed, the entire medical profession would refuse to work the sanatorium benefits of the Act. As 18 of the newly appointed advisers had signed the "undertaking" not to enter individually into any arrangements with an Insurance Committee, Approved Society, or any other persons under the National Insurance Act, a copy of the pledge signed by them was attached in their cases. Meetings of medical men have been summoned in those areas where advisers have been appointed to decide on a line of action. The National Insurance Commissioners replied on July 24th to the resolution above referred to of June 17th to the effect that they had no intention of departing from the policy they had adopted, and would throw "the entire responsibility of impeding the great efforts being made throughout Ireland to combat tuberculosis" on the medical profession should it attempt to carry out its expressed determination.

The Water-supply of Derry.

At a quarterly meeting of the Derry corporation held on July 21st a very serious report was read from the chairman of the water committee, the town clerk, and the water superintendent. The population of the city is 41,000, and from the present catchment areas there are available 1,500,000 gallons per day, which gives 37 gallons per head per day. During 1912 the average consumption of water was 41½ gallons per head per day, and it is estimated that the minimum requirements of the city cannot be provided for with less than 40 gallons per head per day. So, without any increase in the population, the city supply of Derry is short for the actual needs of the citizens by 3 gallons per day, and no provision from the present works can be made to meet this shortage. Should the population increase—and this is quite possible if resumption of work at the shipyard should take place—or should there be a shortage in the rainfall, an acute crisis would arise. In the face of this report—which it was decided to print and circulate amongst the members of the city council—it is clear that the corporation of Derry will have a big job to face, and the sooner the matter is considered and settled the better.

Pauperism in Belfast.

The outdoor relief committee reported, at a meeting of the Belfast board of guardians held on July 22nd, that during the previous week there had been no applications for outdoor relief, which is a remarkable record in a city like Belfast, with a population, according to the Census of 1911, of 385,492. It also appears by the returns in the *Board of Trade Labour Gazette* that Belfast has shared with Bradford the lowest rate of pauperism per 10,000 of the population in the United Kingdom. The general average for the United Kingdom is 185 per 10,000; for the five London districts it is 221; for England (exclusive of London) it is 160; for Scotland 215; while in Belfast the figure is only 101. In Dublin the rate is 278 per 10,000 (nearly three times that of Belfast), while for Cork, Waterford, and Limerick the figure is 312. With the exception of the central and eastern districts of London, where aliens abound, Dublin and Cork have the highest pauperism rates of the 35 districts in the United Kingdom. In Glasgow district the rate is 238, in Aberdeen 195, in Edinburgh 164, and in Dundee 156 per 10,000 of the population. In Manchester the rate is 172, in Cardiff and Swansea 198, in Bristol 186, in Wolverhampton 183, in Leicester 196, in Hull 236, in Newcastle 155, and in Stockton-on-Tees 185.

Belfast Hospital for Diseases of the Skin.

At the annual meeting of the Belfast Hospital for Diseases of the Skin held on July 26th it was reported that 874 patients had been treated during the year, and that financially there was a balance in hand of £174. A quartz mercury vapour lamp, designed by Professor Kromayer, has been provided as an auxiliary to the Finsen light treatment, and has given excellent results in some cases of lupus and chronic eczema. The lamp gives a large quantity of ultra-violet rays, whilst the current consumed by it is only about 4 ampères.

July 29th.

BERLIN.

(FROM OUR OWN CORRESPONDENT.)

Public Health in Prussia.

THE annual report of the Government Medical Department on the state of the public health in Prussia during the year 1911 has just been issued. As reproduced in the *Sachverständigen Zeitung*, it states that the number of births has again decreased, as there were in that year 31,522 births fewer than in the preceding one, the birth-rate being 29·36 per 1000 of the population. The birth-rates per 1000 for several preceding years were as follows: 40·90 for 1876, 36·52 for 1901, 35·04 for 1904, 33·23 for 1907, 32·99 for 1908, 32·00 for 1909, 30·83 for 1910, and 29·36 for 1911. The number of stillborn children has considerably decreased, and under this heading the males show a greater decrease than the females. Among the population of Prussia, which is recorded as 40,500,283, the general death-rate was 17·21 per 1000, one-third of the deceased being children in the first year of life. The third quarter of the year, when the weather was extremely hot, showed a great increase of infant mortality. The cause of deaths of infants were especially diseases of the intestinal canal. Owing to the high mortality in the summer season the increase of the general population was only 492,363, against 581,465 in 1910. The hot summer also favoured the development of infectious diseases, for diphtheria, puerperal fever, trachoma, dysentery, scarlet fever, enteric fever, tuberculosis, and ptomaine poisoning showed a considerable increase. In 12 of the existing 37 Government districts enteric fever was prevalent. Diseases of the respiratory organs showed, on the other hand, a decrease. In the 36 bacteriological public laboratories 266,076 examinations were made. The number of registered disinfectors was 3366; the increase was 407, of whom 88 were at the same time registered nurses. With regard to venereal diseases, the report states that 54,975 persons were treated in hospitals, being 13·9 for each 10,000 of the population, against 12·2 in the preceding year. Nosologically 41·6 per cent. of the cases were recognised as gonorrhœa, 8·37 per cent. as soft chancre, and 50·02 per cent. as syphilis. The number of tuberculous patients could not be ascertained, as the only cases notified are those which have resulted fatally. The deaths from tuberculosis have, however, decreased, their number being only 15·12 for each 10,000 of the population, whilst the corresponding numbers for some previous years were: 15·29 for 1910, 21·13 for 1900, and 28·35 for 1890. The city of Berlin, where 20 deaths from tuberculosis per 10,000 of the population were registered, had the highest death-rate from this cause, whilst the district of Allenstein in East Prussia had the lowest number—namely, 7·9 per 10,000. The endeavours to prevent tuberculosis have been extended by the establishment of dispensaries, day sanatoriums, and hospitals. In connexion with the inspection of food good work has been done. Concerning cattle, the report states that of 4,633,720 cattle no fewer than 508,889 were found to be tuberculous, being 10·98 per cent. of the whole, and that of the pigs 2·5 per cent. were tuberculous. The examination of sausages showed much adulteration, and a number of dealers were prosecuted in consequence, but the report complains that in the law courts persons found guilty of offences against the adulteration laws are only punished with trifling fines which the offenders can easily cover by raising the price of the article. Deaths from alcoholism showed an increase, 948 persons dying from this cause, of whom 12·5 per cent. were women; 34 of the deceased were under the age of 30 years. The anti-alcoholic movement makes only slow progress in the rural districts, but in the cities the distribution of pamphlets and the holding of exhibitions and temperance meetings have done a good deal in restraining the abuse of spirits. The number of homes for inebriates is said to be much too small. It is also remarked that licences for the sale of spirits are still granted too freely and that there ought to be a greater number of temperance restaurants. The abuse of tobacco shows, on the other hand, an enormous increase, especially in the form of cigarette-smoking by females and young persons. The number of medical men in Prussia has increased from 19,671 to 19,956, so that there is on an average one medical man for each 2029 of the population. The district of Karthaus,

in West Prussia, where there is one medical man to 17,500 inhabitants, had the smallest number, whilst Berlin had the highest proportionate number of practitioners with one for every 882 inhabitants. The courts of honour had to deal with 849 cases, in 355 of which no trial took place, whilst in 34 the defendant was acquitted. The number of dental surgeons was 2101 and that of mechanical dentists was 4751. The number of nurses could not be ascertained because there is no compulsory registration for them. There were 21,161 registered midwives, being one for each 1914 of the population. The report gives the number of persons practising medicine without legal qualification as 4631, so that there were 23·21 unqualified practitioners for each 100 duly qualified medical men. In three of the Government districts—namely, in Frankfort, Magdeburg, and Liegnitz—there were more unqualified than qualified medical men. The number of pharmacies was 3562, as compared with 3511 in the preceding year, being one pharmacy for each 10,846 of the population.

Health of Girls Attending College.

Frau Stelzner, medical officer to the girls' municipal colleges of the city of Charlottenburg, lately read a paper on observations which she had made in the course of her work. She compared the condition of the girls attending college, who of course belonged to well-to-do classes, with that of girls in the municipal general schools, and said that the college girls often came to school in a state of exhaustion caused by insufficient sleep because they had been allowed to sit up late at society gatherings. They accordingly woke up very late and had no time for breakfast, so that they came hungry to their lessons. In summer time she found that anæmia was often aggravated owing to prolonged cold bathing. Among 2300 girls examined by her there were 1400 to whose parents the state of health of the children had to be notified, and in 90 per cent. of these cases medical treatment was begun. The examination of girls commencing school attendance showed a diminution of weakly children, but an increased number of children showing minor mental defects, psychoneuropathic conditions, and immaturity for school attendance. All these children were liable to have their health injured by the excitement caused by school life and by the intellectual demands of the school, so that an early separation of these children was advisable. With regard to girls during the period of development, she had observed different forms of hysteria, masked epilepsy, and conditions of maniacal depression. Girls showing such symptoms during the period of development did not always belong to the neuropathic class. Frau Stelzner recommended that mothers and school teachers should be reminded of the peculiarities and dangers of the age of puberty in girls, and that branch schools should be established in the country in connexion with parent institutions. In these branch schools the girls might remain for six months or a year during the anxious period and continue their studies.

July 29th.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

An Autumn Post-graduate Course at the Hôtel Dieu.

A COURSE in clinical practice and the application of laboratory methods to diagnosis will be given at the Medical Clinic of the Hôtel Dieu, Paris, under the direction of Professor A. Gilbert, from Sept. 22nd to Oct. 7th inclusive. It will consist of 28 lessons and will be open to foreign medical men. The opening lecture will be delivered by Professor Gilbert on Monday, Sept. 22nd. The other classes will be conducted as follows. Sept. 22nd: M. Herscher, the Diagnosis of Tuberculosis; M. Deval, Chemical Examination of Urine. Sept. 23rd: M. Paul Descomps, Laboratory Diagnosis of Tuberculosis; M. Lippmann, Clinical Methods of Investigating the Circulatory System. Sept. 24th: M. Herscher, Tuberculosis (concluded), Diagnosis and Treatment of Serofibrinous Pleuritis; M. Deval, Chemical Analysis of the Blood. Sept. 25th: M. Lippmann, Clinical and Therapeutic Study of Cardiac Arrhythmias and Angina Pectoris; M. Paul Descomps, Study of the Spinal Fluid and of Pleural and Peritoneal Effusions. Sept. 26th: M. Bénard, Practical Bacteriology; M. Deval, Chemistry of the Stomach

and Intestines. Sept. 27th: M. Lippmann, Therapeutics of Cardiopathies, Asystolia, and Arteriosclerosis; M. Herscher, Cholhæmimetry. Sept. 29th: M. Paul Descomps, New Clinical Methods of Diagnosis and Treatment in Syphilis; M. Bénard, Bacteriological Diagnosis of Syphilis and Soft Chancre. Sept. 30th: M. Grivot, the Examination of the Ear, Larynx, and Facial Cavities; M. Guilleminot, Electrodiagnosis. Oct. 1st: M. Guilleminot, X Rays and Radium in Diagnosis; M. Bénard, the Red and White Cells. Oct. 2nd: M. Jomier, Examination of the Kidneys; M. Chabrol, Hæmolysis and Opsonic Methods. Oct. 3rd: M. Jomier, Clinical Examination of a Patient with an Affection of the Digestive Canal; M. Maurice Villaret, Clinical Examination of a Hemiplegic, with or without Aphasia. Oct. 4th: M. Jomier, Clinical Examination of a Patient with Hepatic Affection; M. Chabrol, Complement Fixation. Oct. 6th: M. Maurice Villaret, Clinical Examination of a Paretic and a Tabetic Patient; M. Dausset: New Methods in Thermo-therapy. Oct. 7th: M. Maurice Villaret, Diagnosis and Treatment of Acute and Chronic Meningitis; M. Chabrol, Wassermann's and Weinberg's and other Reactions. The course will be essentially practical, including the examination of patients, the manipulation of apparatus, and laboratory work. Subscriptions (100 francs for the course) may be sent to M. Deval, chef de laboratoire, Hôtel Dieu, Paris.

The Onion Treatment of Hydropic Nephritis.

Dr. Durodié has reported a case of the onion treatment in hydropic nephritis with complete retention of chlorides, which gave truly remarkable results. The patient's condition was extremely grave when the onion treatment was instituted. He was given thrice daily—at 8 A.M., at noon, and at 7 P.M.—a soup made of a quarter of a litre of milk and a large onion. At 10 A.M. and 4 P.M. he had in addition a whole onion, either roasted or *sauté* in a pan, with 125 grammes (about 4½ ounces) of bread. He thus took in the 24 hours five onions, three-quarters of a litre of milk, and somewhat over half a pound of bread, with a mere sip of fluid to quench thirst. After a few days of this hypochlorisation treatment the patient began to diminish in size, his swollen and cyanosed face regained a human look, the extensive œdema which had entirely obscured the genitalia disappeared in a remarkable fashion, and his limbs, which for many weeks had been powerless and fixed by the enormous infiltration, regained little by little their shape and natural play. After two weeks of the onion treatment, to which Dr. Durodié appears willing to give the credit, the patient had entirely recovered his normal facies and his natural shape. He was absolutely relieved of his anasarca, though unfortunately the nephritis remained, leaving a persistent trace of albuminuria.

July 29th.

BUDAPEST.

(FROM OUR OWN CORRESPONDENT.)

Locomotor Ataxia of Married Couples.

UP to the present time 28 cases of tabes conjugalis have been described in the literature of the subject, and Dr. Hudovernig has now placed on record three further cases of the kind. In all of these three couples the tabes was subsequent to syphilis, a relationship which also existed in the previously recorded cases; in fact, in 20 couples out of 24 syphilitic infection was diagnosed with certainty, in three couples there was reason to suspect it, and only one couple proved to be really free from syphilis. It follows that in 96·3 per cent. of the cases of conjugal tabes there was antecedent syphilitic infection. Lougres first brought forward the theory that tabes and general paralysis were produced by a special form of syphilis which he called a *virus nerveux*, and which, in his view, possessed a special affinity for the central nervous system. Dr. Hudovernig, however, declines to accept this view until convincing proofs are available. He holds that the reason why so many syphilitic patients eventually develop tabes or general paralysis, while others remain free from any sequelæ of the kind, is not to be sought in the above-named affinity of the syphilitic virus for the central nervous system, but that this special predisposition is more likely to depend on some other cause—perhaps some congenital or acquired peculiarity of the nervous system.