

hoped by the managers that these requirements will be supplied by the generosity of one person or by a group of subscribers. The issue of a similar statement last year resulted in the presentation of a mortuary chapel by Dr. C. T. Vachell, of a padded room for delirious patients by Mrs. Mackintosh of Mackintosh, of new accident receiving wards by Mr. Thomas Webb, the donor of the operating theatre, and in the installation of electric light throughout the building by the Marquis of Bute.

Weston-super-Mare Hospital and Dispensary.

The Weston-super-Mare Hospital and Dispensary was established in 1857 and has accommodation for 31 patients. The annual report of the governors states that during 1902 there were treated as in-patients 260 persons and in addition to the 684 out-patients treated there were 722 accident and emergency cases attended to. The financial position of the institution is said to be satisfactory.

Small-pox.

Swansea has been free from small-pox for several weeks and there has not been any case of the disease notified in Merthyr since the first week in January. Three sailors have been removed to the Cardiff small-pox hospital from a ship trading between Liverpool and Cardiff and one of the patients has since died. During the past month there have been two cases at the Swansea waterworks now being constructed at Cray in Breconshire and five cases have occurred in the town of Brecon. In the Wigmore rural district there have been two cases, in Leominster four cases (one fatal), and in the city of Hereford one case. In all of the Breconshire and Herefordshire cases the source of the infection was traced to tramps. In the administrative county of Glamorgan during 1902 there were notified 172 cases of small-pox distributed over 17 of the 28 urban and rural districts in the county but excluding Cardiff and Swansea. More than one half—93 cases—were notified during the last quarter of the year and 71 of these were in the town of Merthyr.

University of Wales.

Mr. David Davies, whose grandfather was one of the founders of the town of Barry and an extensive colliery proprietor in Glamorganshire, has intimated a desire to defray the cost of erecting and fitting up new science laboratories in connexion with the Aberystwith College of the University of Wales. The estimated cost is said to be about £20,000 but no definite sum has been prescribed by Mr. Davies.

Anthrax.

The Gloucestershire county council has decided to cremate the carcasses of all animals dying from anthrax within the county and to discontinue the practice of burying them in lime.

Dorset County Hospital.

On Feb. 23rd, Sir Frederick Treves formally opened the new operating theatre of the Dorset County Hospital. There was a large and influential attendance at the ceremony. Replying to a vote of thanks, Sir Frederick Treves delivered a short address on the advance of operative surgery. The cost of the building has been defrayed by public subscriptions, including donations of £500 from Lord Eldon, £250 from Lord Ilchester, £100 from Lord Wimborne, and £50 from Lord Portman. Sir Frederick Treves presented the operating table.

Bristol Hospital Sunday Fund.

At a meeting of the council of the Bristol Hospital Sunday Fund held on Feb. 26th it was reported that up to that date £1464 had been received and it was decided at once to distribute £1200 amongst the medical charities. This includes £522 to the Bristol Royal Infirmary, £438 to the General Hospital, £162 to the Children's Hospital, and £78 to the Eye Hospital.

March 3rd.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

University of Glasgow.

THE graduation ceremony will take place on Tuesday, 21st April. The senate has already published the names of those upon whom it intends to confer honorary degrees. Among those mentioned who are to receive the degree of doctor of laws (LL.D.) are Sir William Tennant Gairdner,

K.C.B., emeritus professor of medicine in the University of Glasgow, and Dr. Thomas Oliver, professor of physiology in the University of Durham, author of works on medical subjects embodying, *inter alia*, the results of important investigations respecting the diseases of dangerous trades.

The Glasgow Hospitals.

The governing bodies of all the important hospitals in Glasgow are representing to the public the urgent necessity of raising money for extension or rebuilding. The foundations of the new dispensary at the Western Infirmary have already been laid and the directors are hopeful that before long they will be able to erect and to equip a new wing to the main building. The chairman of the directors of the Royal Infirmary at a dinner of the present and past residents of that institution held last week was very sanguine when he expressed his belief that within 18 months they would see the foundation-stone of a new hospital laid. The directors, too, of the Samaritan Hospital at their annual meeting held on Feb. 25th and presided over by the Lord Provost (Mr. John Ure Primrose) made a public appeal for assistance to build and to equip the proposed new wing towards which they had already received £7000, leaving a balance of £2000 still required. They had previously urged the necessity of providing an entirely new home for the nurses and they were glad to announce that a lady, who desired that her name should not be publicly known, had intimated her intention of making a gift of £8000 for the purpose of erecting such a home in memory of her late daughter. This year the Glasgow Hospital Sunday Fund amounts to £5023, being above what was collected last year by £225. This money, collected by the various churches throughout the city on a particular Sunday in the year, is distributed among the three general infirmaries—the Royal Infirmary, the Western Infirmary, and the Victoria Infirmary. The Lord Provost at the annual meeting of the Samaritan Hospital suggested that this hospital should also receive a share of the fund, but this would break through a principle that has guided the committee from the outset—namely, that the fund should be reserved for the three general infirmaries. The Samaritan Hospital is only one of many special hospitals in the city and if it were to partake of the benefits of this fund it would be difficult to ignore the claims of other institutions. If they were all satisfied the money would become allocated in small amounts to many institutions and none would derive any distinct benefit.

Glasgow Medical Volunteers.

In spite of most inclement weather there was a very large attendance at the memorial service held in the cathedral last Saturday afternoon when a tablet was unveiled to the members of the Glasgow volunteer companies of the Royal Army Medical Corps who died in South Africa during the recent war. The inscription reads: "This tablet is erected by the officers and men of the Royal Army Medical Corps (Volunteers), Glasgow Companies, in memory of their comrades, members of the active service section of the corps, who lost their lives during the South African campaign. Corporal G. G. Penman, died at Bloemfontein, 12th November, 1900; Corporal J. Howat, died at Bloemfontein, 1st December, 1900; Private W. Munro, drowned at Elandsfontein, 7th April, 1901." The Director-General of the Army Medical Service, Sir William Taylor, K.C.B., K.H.P., unveiled the tablet and delivered a brief address.

The annual dinner of the Royal Medical Society of Edinburgh was held on March 3rd, when Mr. Mayo Robson was the guest of the evening. Sir William Turner, Sir J. Halliday Croom, Sir J. Batty Tuke, M.P., Professor Chiene, and Dr. William Bruce were among the 80 medical men who attended under Dr. A. B. Ross's presidency to do honour to the guest of the evening.

March 3rd.

IRELAND.

(FROM OUR OWN CORRESPONDENTS.)

Establishment of a Branch of the National Association for the Prevention of Consumption in Cork.—Complimentary Dinner to Sir R. Douglas Powell and Sir John William Moore.

ON Feb. 28th a very important meeting was held in the Cork Court-house for the purpose of establishing a local branch of the Association for the Prevention of Consumption.

There was a very large attendance. The chair was occupied by the Earl of Bandon who, as Lord Lieutenant of the county, had convened the meeting. Sir R. Douglas Powell (London) and Sir John William Moore (Dublin) in the most generous manner came purposely to Cork to support the movement. Both gentlemen, in very powerful and impressive speeches, alluded to the terrible ravages caused by pulmonary tuberculosis, owing to which homes were made desolate and the community was robbed of some of its most useful members by a disease largely preventable. The Most Reverend Dr. Browne, Bishop of Cloyne, then proposed that a branch should be established, and in the course of his speech astonished the medical portion of the audience by showing that he had such a thorough grasp of the subject. The Right Reverend Dr. Meade, Bishop of Cork, proposed the formation of a general committee in a very sympathetic speech, showing his well-known interest in the whole community. Amongst the other speakers were Sir George Colthurst, Bart; Mr. Maurice Healy, ex-M.P.; the Chairman of the Cork District Asylum; the Chairman of the Cork County Council, and Mr. J. Cremin. On the motion of the City High Sheriff a warm vote of thanks was passed to the Earl of Bandon for presiding. His lordship, in responding, referred to the pleasure which it gave him to be able to forward such a meritorious work. In the evening the medical profession of the city entertained Sir R. Douglas Powell and Sir John William Moore at dinner at the Imperial Hotel. 120 sat down to dinner, including a number of medical men from the city and county, the toasts being proposed by the chairman.

Cancer in Ireland.

A most important report—at least, from a statistical point of view—has just been published by the Registrar-General for Ireland on cancer in that country. During the year 1901 2893 deaths in Ireland were caused by cancer, an increase of 176 over the previous year. In Ireland in 1864 the rate of mortality from cancer was 2·7 per 10,000 living; it has steadily risen until in 1901 it reached 6·5. In 1891 the death-rate from cancer in Ireland was 4·6 per 10,000; in 1900 it had risen to 6·1 per 10,000. As to age, the period 75 years and upwards yields the highest proportion of deaths from cancer per 10,000—namely, 38·16. By far the greatest number of deaths from cancer in 1891 occurred amongst farmers and labourers. The recorded mortality varies considerably in the various counties of Ireland. It is lowest in the county of Kerry with 2·54 per 10,000, while the highest death-rate is 10·47 in county Armagh. Examining more closely county Armagh it appears that the districts in which there is the highest death-rate from cancer are without mountains. The two highest death-rates yielded by the mortality for cancer in county Armagh occur upon quite different geological formations. To enable him to accomplish his work satisfactorily the Registrar-General issued a memorandum to the local registrars throughout Ireland asking them to give particulars of any cases of death from cancer registered in their districts with the history of which they might be acquainted and which might tend to throw light on the origin of the disease and the means by which it is spread. He also invited the aid of medical practitioners in charge of several public hospitals and of several private medical friends. His request met with a most courteous response and from a close analysis of the replies received, the Registrar-General states that the following are the general deductions which can be drawn:—

1. That in many cases cancer occurs in the same family, grandparents, parents and other relatives of the person affected having suffered from that disease.
2. That frequently where a member of a family is afflicted with cancer other members of the family suffer from tuberculosis.
3. That in a number of instances where members of a family are afflicted with cancer other members of the family suffer from lunacy, idiocy, or epilepsy.
4. That in some cases the disease has occurred in persons who have been in direct contact with cancer patients.
5. That the disease has manifested itself in individuals who have used the tobacco pipes of persons suffering from cancer of the lip.
6. That in some instances more than one case of cancer has occurred amongst different families living in the same house or amongst successive occupants of the same house.
7. That in a few cases the disease has appeared in different houses in the same locality about the same time.
8. That cancer not infrequently appears after wounds and injuries.
9. That in some cases cancer has supervened where there has been irritation of the lip consequent on smoking clay pipes.
10. That cancer frequently shows itself where unfavourable conditions as to residence, food, &c., exist.

The main practical point to be deduced from these conclusions is that something seems to be gained for the opinion that cancer is directly contagious.

Death of Samuel Alexander, M.D. R.U.I.

The death is announced at his residence, Crumlin-road, Belfast, after a rather prolonged illness, on Feb. 25th, of Dr. Samuel Alexander. A native of Templepatrick, co. Antrim, Dr. Alexander studied at Queen's College, Belfast, and graduated M.D. of the Royal University in 1885. For a time he was in practice in England, but returning to Belfast he was elected dispensary medical officer of No. 5 district. A careful observer, an experienced accoucheur, and a kind friend, Dr. Alexander was greatly liked by his patients. His illness was of considerable duration, and although drainage of an emphysema seemed to have relieved him he had a serious relapse, with hæmatemesis, which proved fatal. He was buried on Feb. 27th at the old graveyard, Templepatrick, a large concourse of friends and patients attending his funeral.

Medical Men and Emergency Calls.

At an inquest held in Belfast on Feb. 25th as to the death of a woman suddenly from hæmorrhage from a varicose vein in the left leg it came out in evidence that the woman was dead when a medical man arrived and that another medical man who was first summoned by the husband of the deceased declined to attend as he did not go out at night. A juror was anxious to know why the medical man did not come, when the coroner pointed out that a medical man is not bound to come, but that his experience was that even if they themselves were on a sick bed they would get up and come out in an urgent case. He thought the man had not explained that his wife was in danger or else the medical man would have attended. He expressed wonder that the facilities provided in the way of ambulance were not thought of in a case where medical assistance was urgently needed.

March 3rd.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

The New Public Health Act.

As I mentioned in my last letter the new Public Health Act came into force on Feb. 19th. The Act is divided into five sections. Of these, Section I. contains two clauses and deals with sanitary matters in general. Of the two clauses the first contains ten paragraphs dealing with general sanitary measures and the second 20 paragraphs dealing with sanitary measures applicable to buildings and the like. The points of the paragraphs dealing with sanitary matters in general are as follows. In every commune the mayor is charged with responsibility for the public health and with the duty of promulgating measures (after consultation with the municipal council and in the form of municipal by-laws) for preventing or for arresting outbreaks of infectious disease. He is specially charged with the looking after of measures for the disinfection, or even the destruction, of articles used by the sick and in general terms of any article which may serve as a vehicle for the transmission of infection. These measures of destruction or of disinfection are compulsory. In the same way mayors of communes are charged with drawing up regulations for the hygienic condition of houses and their outbuildings, of private roads whether thoroughfares or not, of furnished apartments, and, in fact, of any mass of buildings (agglomerations) or of real property of whatever nature. They are also specially charged with the care of regulations for the supply of drinking-water and with the disposal of refuse of any kind. As regards these duties they will be under the authority of the prefect who, with the consent of the Departmental Council, will approve the municipal by-laws or may even make them himself, *ex officio*, if the mayor will not carry out the law. In cases of urgency—that is to say, in face of an epidemic or other pressing danger to public health—the prefect can order measures of disinfection or destruction to be put into being at once, and this order may apply to one person, to many, or to the whole inhabitants of the commune. The list of diseases to which the sanitary regulations prescribed by the Public Health Act of February, 1902, are to be applied by means of an official schedule is still under discussion. I have previously spoken of debates upon this subject at the Academy of Medicine and also of another official regulation making it incumbent upon doctors of medicine, *officiers de santé*, and midwives to