sojourn on the earth extends to thousands or to millions of years.

Then there are the still more interesting possibilities of the future, viewed from the evolutionary standpoint. Will the sense of smell, which is already on the wane, disappear? And will it be replaced by some other sense which the exigencies of the time may demand? With the rapid changes in our modes of progression will the present form of legs continue to be necessary, or will they eventually give place to some more useful extremities, such, for instance, as wings? Will the position of the eyes be maintained, or may it become advisable for one of them to find a place on the top of our heads to save us from destruction by ginger-beer bottles and other refuse discharged from our airships? Will the appendix remain, or will future surgeons be deprived of much of their work by its disappearance? And what will be the fate of the so-called cesspool—the large intestine? Does the crusade against the teeth indicate that they, too, must give way to some more satisfactory arrangement? Or is the present-day doctrine an illusion—that all disease is due to pyorrhoea, and that the only chance for our salvation is to submit to the wholesale extraction of our teeth?

Are we nearing the period when the population of the world will overtake the possible food supply? Is the solution of this problem to be found in the increased fixation of nitrogen? If so, is it probable that the vast quantity of that material which exists in the air will ever be utilized?

Some, considering such queries as these to be too speculative and not of much use for practical purposes, might prefer to discuss the possibility of improving our methods of diagnosis. Take, for instance, such a common disease as rheumatic fever. Is it always possible to distinguish it from other fevers? As a concrete example, may I quote a case which came under my observation? A lady had an abortion in the second month. The fetus was expelled in its membranes; not satisfied that all the placental tissue was away, I dilated and cleared out the uterus. Everything went well until the sixth day, when I found headache, pains, swelling and effusion in the right knee, urticarious rash, and a temperature of 103°. If I had not cleared the uterus out myself, and had my naked finger in it—I defy anyone to be certain in a rubber glove—I should have regarded it as septic. On inquiry, I learnt that she had had an attack of rheumatic fever three or four years previously, followed by chorea. This attack pursued the usual course; there was a relapse and ultimately a recovery. I was naturally anxious, and if there had been any means of establishing a certain diagnosis it would have been a great advantage.

Again, can a rash be certainly pronounced scarlet fever, and can enteric fever be diagnosed with certainty, even in the presence of a positive Widal reaction?

Drugs offer various problems, on which some members could doubtless enlighten us. Is it an advantage to have the multitude of new remedies which come into fashion only to be superseded by others? Are not some of the old remedies now discarded superior to the new?

Another fertile topic which occurs to me is the treatment of tuberculosis, with which many problems are connected. The advantages—and may I say the disadvantages?—of sanatoriums and of tuberculin injections; the suggestion of a fleet of motor cars to drive the sufferers about; the preventive measures and regulations, which demand all sorts of safeguards and inspections, cleaning and whitewashing, while they neglect the examination of the milkmen and bakers—people who may be suffering from phthisis and coughing and spitting all over our foods. My own suggestion, made many years ago, is that every one who assists in our food distribution should be subject to periodical examination, and, if found to be suffering from a communicable disease, prohibited from such occupation.

The treatment of the insane gives rise to another group of questions. Is it desirable to shut them up in asylums? Once in, should they ever be allowed at large? Should they be kept lingering on in their miserable existence at an enormous cost to the State? Should they be permitted to propagate?

Then there is the larger question of eugenics, with the rival claims of heredity and environment. This subject is very much in the foreground at the present time, and

its adequate treatment, in view of the investigations now being carried on, offers scope for diligent study and serious discussion, opening out a whole series of problems directly or indirectly connected with it, and all of immense and far-reaching practical importance for the present and future welfare of our own country and the world at large. Other questions worthy of discussion are the right to die and—may I add?—the qualifications to live, the falling birth-rate, whether due to physical degeneration, to the carrying out into practice of the Malthusian doctrine, or to other causes.

Other suitable matters for discussion, offering a wide and varied field of choice, are the control of venereal diseases, teetotalism and the regulation of the drink traffic, vaccination and the notification of diseases, the sale of patent medicines, the control of bone-setters, quacks, and Christian-scientists, and the disposal of the dead. We might enlarge our field by discussing the present day medical education, the advisability of a one-portal entrance, the benefit of special qualifications, and the advantage or disadvantage of a State medical service. The hospitals question is also worthy of attention, and the all-important nurse demands our earnest consideration—whether a State registration of nurses would be preferable to the present chaotic position, which allows any female to don a uniform and palm herself off as the finished article.

There are also innumerable cases of interest constantly occurring, the recording of which would add largely to our store of knowledge and so increase our usefulness. Indeed, it is sad to think of the loss we annually sustain through the neglect to report them.

With all this material for discussion, I predict for my successor a very busy session. Out of the many and varied subjects suggested he can offer ample scope to all the members of the Branch to display their special knowledge and attainments and so enlighten the whole body.

STAFFORDSHIRE BRANCH,

RECENT LEGISLATION AND THE MEDICAL PROFESSION.

By JOHN RUSSELL, M.A., M.B.,

Honorary Physician to the North Staffordshire Infirmary.

I PROPOSE in this address to discuss the tendencies of present State legislation, its effects on the profession, and the fitness of the present organization of the profession to cope with the duties required of it. This I cannot hope to overtake fully in the short time at my disposal. I can only touch on the points which have struck me personally, from my own experience, as being of importance.

The tendency of present legislation is for the State to concern itself with the health of the individual. The productive power of the State depends on the efficiency of its units, and that again depends on a full, free, and complete development and use of the healthy functions of life. Is it any wonder, then, that the State has become alive to the necessity of concerning itself with, and making itself responsible for, the health of the individual units of which it is composed? The wonder is that it did not become alive to this necessity ages ago. This involves a certain amount of compulsion, a thing always considered repulsive to a British subject. We have heard it argued over vaccination, and we have had the conscientious objector introduced to an extent which is a positive danger to the community. Well, there is a Nemesis waiting. Again, recently in this neighbourhood we have had a newspaper correspondence about temperance legislation, and the opponents of any restriction on the sale of alcohol have been quoting with much jubilation Bishop Magee, who in a memorable address said he would rather see Britain free than compulsorily sober. Much, I grant, can be said in favour of the development of habits of self-restraint, and self-responsibility may do much to evolve a higher grade of character, but my experience tells me that the individual cannot be accepted as the arbiter of his own health, and an outside authority must be called in with power to act. How often does it happen that a man apparently in perfect health on coming to a physician to be examined for life insurance is found

* Delivered at the annual meeting of the Branch, June 25th, 1914.

to be suffering from an insidious malady which is sapping his life! Is it not the case that sometimes a physician is called in to help, it may be, a young wife with a young and tender family, and with every prospect of a happy and useful life, but who, unfortunately, by hereditary taint or a combination of circumstances has developed an inveterate taste for alcohol? How useless is he without the power of compulsion! Much as I admire the feeling that a man's house is his castle, I feel strongly that, so far as the public health is concerned, this feeling is effete, and that the day is coming when, just as we have compulsory education, school inspection, and examination of workshops, we shall have compulsory examination of each individual as regards, not only his personal health, but the conditions under which he lives in his own home, and that the State will enforce the treatment of diseased conditions, the segregation of degenerate types, the prevention of marriage of unsuitables, and the breeding of inefficient. This may seem Utopian, but is it not necessary for efficiency, and therefore a thing to be striven for? Much has been done in the past by legislation and the efforts of our public health authorities. Let us look for a moment at some figures given by Dr. Newsholme, the Medical Officer to the Local Government Board, in his last report for 1912-13. He states that,

comparing the experience of 1912 with the average experience of 1891-1900, the rate of infant mortality has declined 38 per cent., the death-rate from measles 16 per cent., from scarlet fever 66 per cent., from whooping-cough 40 per cent., from diphtheria and croup 57 per cent., from tuberculosis (all forms) 32 per cent., and from pulmonary tuberculosis 25 per cent. The comparison for the following diseases can only be carried to the year 1911. Between 1891-1900 and 1911 the death-rate from puerperal diseases had fallen 28 per cent., from pneumonia 15 per cent., and from bronchitis 45 per cent. The death-rate from all causes has declined 27 per cent. between 1891-1900 and 1912.

Very instructive also are the figures he gives showing the gradual diminution in the standardized death-rates per 1,000 for the quinquennial periods from 1871-5 to 1906-10—20.9, 19.8, 18.7, 18.5, 17.6, 16.0, 14.4; and in 1912 it fell still further to 13.3, the lowest death-rate yet recorded. This shows how much has been done, but on a succeeding page of Dr. Newsholme's report certain statistics are given which make us pause and ponder how much has yet to be done. They are statistics by Dr. Stevenson of infant mortality in the chief occupations and groups of occupations.

Among the families of army officers in 1911 the infant mortality per 1,000 births was only 44, of naval officers and solicitors 41, of medical practitioners 39, and the rate of infant mortality of the middle classes generally was only 61 per cent. of the total mortality of the country among legitimate infants. These figures, as Dr. Stevenson remarks, "show how little of our present infant mortality is essentially inevitable." With these figures must be compared the average rate of infant mortality among artisans of 113, among miners of 160, among unskilled labourers of 152, and among agricultural labourers of 97 per 1,000 births.

These figures are a striking and sad indictment of the conditions which obtain among the industrial classes and the inefficient steps taken by the State to combat them. Quite as striking and damnable is the evidence obtained by considering the inefficiency caused by venereal diseases and intemperance. The foul race-sapping ravages caused thereby do not stand out luminously in mortality tables. They are to be found in the private records in the physician's room. There no uncertain tale is unfolded of the deprivation to the State caused by these two diseases. There is an old aphorism that "a man is as old as his arteries." How much arterio-sclerosis can be laid at the door of syphilis and chronic alcoholism? Edgren, a Swedish doctor, states that 20 per cent. is due to syphilis and 25 per cent. to alcohol. These two diseases, then, between them are responsible for nearly half the cases. Thanks to the movement started at the International Congress in August last by Sir Malcolm Morris, the State is wakening to its responsibility, and as the result of the labours of the Commission now sitting it is not too much to hope that beneficial legislation will follow. Many doctors are a little sceptical as to the effects of legislation, and are very suspicious of any interference by a lay authority, lest there be a limitation of their liberty and sphere of influence. We need, however, only look at the

effects produced by the tinkering, half-hearted measures already introduced to cope with the havoc arising from the white plague—tuberculosis—to be convinced that good must result and the welfare of the community advanced.

The attitude of the profession to recent legislation is to me a matter of grave concern and is fraught with issues of the greatest importance. The introduction of the principle of compulsory insurance against sickness and disability has always appeared to me to be a necessity if the working classes are to receive efficient treatment, and the present Act, however imperfect it may be and however unfair some of its clauses may appear, was welcomed by me from the first as a step in the right direction. As time goes on my opinion of its utility is strengthened, especially when I consider the contemplated extensions and the opportunities they will afford for scientific work. Many of the sturdy objectors to the Act I have always honoured because, however misguided they were in my opinion, they were, I felt, conscientious. It might not be altogether futile, even in this late period of the world's history, to consider the guiding principles of human conduct laid down by Aristotle in his *Ethics* some 300 years B.C. In studying this treatise what would strike our statesmen most would be the largeness and benevolence of his conceptions. This is most apparent when he speaks of the Supreme Good, the End of Ends which every one must strive to attain. This he considers to be happiness, not, however, of self alone, but the happiness also of a man's family and countrymen. Starting out from the point of view of the individual citizen he thus arrives at the same end as that proposed by political science—the happiness of the community. He says that every artist, every professional man—the painter, the musician and such like—has his peculiar business to do, and the good of each artist is in doing his business well and appropriately. The full position he states thus: "Happiness, or the highest good of a human being, consists in the working of the soul, and in a course of action, pursuant to reason and conformable to virtue, throughout the whole continuance of life." Aristotle thus offers two guiding principles of supreme importance—the happiness and well-being of the community, and the due performance of the work we have to do. Compared with modern times is the advice offered different, or are the *ἀρχαί*, the beginnings to which ethical philosophy points and from which the conduct it enjoins is derived, not one and the same? In the admirable address given by Sir William Ramsay as President to the British Association in 1911, he laid down principles which it would be well for us as a profession to consider earnestly and follow resolutely. I shall quote but one sentence:

I plead for recognition of the fact that progress in science does not only consist in accumulating information which may be put to practical use, but in developing a spirit of prevision, in taking thought for the morrow, in attempting to forecast the future, not by vague surmise, but by orderly marshalling of facts, and by deducing from them their logical outcome; and chiefly in endeavouring to control conditions which may be utilized for the lasting good of our people.

The first thing we as a profession have to do is to recognize that we are an integral part of a machine which the State has set up to promote the health of the industrial classes, and that if we fail in our duty the work of that machine is useless. If an army has to take the field the first thing to be thought of is a commanding officer who by his experience, knowledge, and organizing power can command the confidence of every unit of every arm of the force he has to lead. Then there has to be a head quarters staff, composed of officers, each representing and intimately acquainted with one particular arm of the service, who can assist their chief in co-ordinating the work and making one effective whole. Further than that, there is an important point: We must be concerned with the efficiency of each unit, each individual fighting unit, and that is complex, depending on training, moral, and equipment. Is it not strange that in the beginning of this enlightened twentieth century we should have in this country, which boasts of being in the vanguard of civilization and humanism, a Minister of War, a First Lord of the Admiralty, a President of the Board of Trade, a President of the Local Government Board, a President of the Board of Agriculture and Fisheries, a President of the Board of Education, and above all a Chancellor of the Exchequer, and yet we have not a Minister of Public Health? And

what is the result? We have a number of disjointed overlapping services without any co-ordination. We have the Poor Law service, which curiously enough is concerned with vaccination; we have a public health service which concerns itself with sanitation and infectious diseases, and yet is not responsible for tuberculosis and syphilis; we have factory surgeons concerned with the health of the worker and the conditions under which he works; we have the school medical officer concerned with that most important factor, the health of the young, and the conditions of school life; we have our voluntary hospitals well equipped and staffed for the investigation and treatment of special cases, but in a position of splendid isolation, and not linked up as they should be with the general practitioner; and then, finally, we have private practice, whether it be consulting or general, panel or non-panel. All these divisions or arms have their uses. What is wanted is co-ordination to banish the chaos and inefficiency which at present exist. We want a statesman who will utilize to the utmost the forces at present in existence to combat disease. I sometimes think that in our desire to make fresh scientific conquests we neglect to apply to its fullest and at the earliest newly acquired scientific knowledge. Take, for example, the epoch-making discoveries of Ehrlich. They were not made yesterday, and yet to-day is the treatment resulting therefrom available to the great masses of the people? We must have a Minister of Public Health with a head quarters staff, composed of men representing all the different arms of that multifarious army which is concerned with the health of the nation and has to combat disease and disability.

We now come to consider the efficiency of the units this army is composed of. I said this efficiency depended on three factors—training, moral, and equipment. I need say nothing to emphasize the importance of training, but I should like to protest strongly against a present tendency to narrow the scope of medical education and to confine it to strictly scientific study, without the broadening influence of a classical education and the general culture appertaining thereto. With regard to the second factor, which I have called morale, this in a military sense is regarded as especially meaning discipline and confidence, but I wish to consider the moral condition as wider and to include what Aristotle speaks of when he says that the good of each artist consists in doing his business well, the complete and full performance of his function. At the present time there is considerable agitation about the excessive sickness experienced by approved societies under the Insurance Act. Much of this is being attributed to malingering, and the fault is laid at the doctor's door—in fact, to hear some laymen talk, one would think it was entirely due to malingering, and that sloppy methods and want of backbone shown by the panel doctors are the sole causes of the financial ruin staring many approved societies in the face. To understand how misleading such an idea is one has only to consider the many factors which contribute to excessive sickness claims. I do not wish in any way to minimize the evils of malingering and the extent to which it obtains. Whether it exists to a greater or a less extent, the question is, Are we as a profession doing our best to prevent it? Those who were present at a conference with the Commissioners recently will agree with me that a very serious charge was made against the profession, and a very strong case made out against, not the profession as a whole, but certain members who do not exercise sufficient care in the granting of certificates of disability. Members of my Division may remember that twelve months ago I was a vehement opponent of the form of sickness certificate which insisted on a statement of the cause of illness. Ideally I still think that the simple statement that an insured person is unable to work should be sufficient, but my practical experience during the last year of the slipshod way some of my colleagues give out certificates has shown me conclusively that the demands of approved societies are in this respect natural and just, and that the only businesslike way is for medical practitioners to state as accurately as they can the cause of illness for the guidance of the societies which are financially liable. Now an objection is raised that at first in many cases a diagnosis is impossible. True, but let us give a provisional diagnosis and not be ashamed to alter it afterwards. One great advantage of having to state the cause of illness is that it stimulates the making of a diagnosis.

A grievous and lamentable tendency, especially among the overworked doctors in industrial neighbourhoods, is to let things slide and not bother about a diagnosis, buoyed by the hope that Nature in her resourceful way will in the end bring about the cure. What we want is a stirring up of clinical interest. All else will follow—accurate diagnosis and accurate determination of the period of disability. What is the cause of this lack of clinical interest and how can we best kindle it? Surely most of us start with a serious interest in our work. We have it instilled into us in our universities and hospitals, by our professors and teachers; it is fostered in the brief period we are residents in hospitals, by intimate association with our colleagues, and it may be by the helpful supervision of the honorary staff; chemical and bacteriological laboratories are at our disposal to lead us to an accurate diagnosis, and hygienic surroundings and careful nursing to help us in treatment. What, then, happens when many have to go out and earn their livelihood by general practice, it matters not among what class of the community? Each becomes a detached unit, there is no longer any co-ordination with colleagues, each has to plough a lonely furrow, without help of laboratory, and treatment is often ineffective owing to insanitary conditions and lack of careful nursing. Many practitioners manage to survive the ordeal, and maintain in spite of all these adverse influences a scientific interest in the work of their profession; but is it a wonder that a man here and there, whose resistance may have been lowered to some extent either by ill health or the social conditions he may have been compulsorily exposed to, gradually loses interest in his work? Now it should be, and I believe is, the object of our Association to see that there is nothing in our professional work which tends to produce this lethargy, but rather that everything should kindle and fan the flame of scientific interest and activity. How, then, is this best to be done? I say by the full and complete equipment of every practitioner, so that he is in a position to combat disease with every known resource at his disposal, and further by complete and intimate association and co-ordination with his colleagues.

This leads me to consider the present equipment of the general practitioner. I have already spoken about the excessive sickness claims experienced by approved societies, and I said that there were several important factors apart from malingering which probably account for the great bulk of the excess. I should like now to allude to one or two of those factors, particularly those which may be considered as being connected with equipment. A very interesting and instructive paper in the *New Statesman* recently showed how Germany deals with excessive sickness; it was written by an investigator who has been spending some months in Germany going from one Krankenkasse to another and finding out how Germany has met the difficulties which now face our Commissioners. What has struck me most particularly in this article is that the findings of a layman belonging to a class of the community which many of my colleagues look upon, wrongfully I think, with suspicion, tally so closely with the ideas many of us have held for a long time. He shows how Germany has for a long time recognized that the excess of sickness payment is in the bulk due to real excess of sickness, and that the only way to meet this is not by a reduction or refusal of benefits, but by extending and improving medical attendance and benefit. What has happened in this country? The bill started by proclaiming that adequate treatment should be given in sickness to all the industrial classes; the Act finished by offering only such treatment as an average practitioner could give. As a result the insured person is debarred from many of the more modern methods of treatment, and if he is suffering from any malady requiring the treatment of a specialist he has to pay for it or gain access to some of our voluntary institutions. This access is not gained easily; it may involve ten, twelve or even more weeks' waiting and a corresponding drain on the approved society's funds. At the present moment at the London Hospital there are 867 urgent cases on the waiting list. Provision must be made for these cases, and our hospitals must not have their usefulness curtailed by the hand-to-mouth existence they have at present to endure, when many of their important officials, who could be much more profitably employed, have most of their time occupied purely in begging. We have

thus in this country a limitation of effort which destroys efficiency and necessarily increases the duration of illness. In Germany there is no limitation. Absolute dependence is not placed on the diagnosis and treatment of the panel doctor, a second opinion is offered and paid for. In each district there is a list of consultants and specialists at the disposal of the insured, and their services are paid for by the State. I cannot tell exactly the scale of remuneration of these, but it is stated by this anonymous investigator that the general average of the figures he had obtained in different centres pointed to a payment for consultant and specialist services of about 40 per cent. of that paid in the aggregate to the general practitioner. Specialist services are available for diseases of the eye, ears, and throat; dental treatment is given and provision is made for x-ray examinations and massage. Nothing is excluded in Germany. If any appliance is required to make an insured person efficient it is obtainable, within a certain limit of cost, including such things as trusses, artificial limbs, and spectacles. The relation to hospitals is interesting. Some centres, like Munich, depend largely for a second opinion and special treatment on institutions, while others, like Dresden, prefer specialists. The striking point is that there is no such thing as a waiting list, and treatment can be obtained without delay or unnecessary expenditure of sickness benefit. It is, however, paid for. The Krankenkassen pay for every patient they send to hospital an average of 2s. 6d. a day. Last year the Munich organization, with 183,000 members, paid to hospitals £49,326. In this same article specimen statistics are given of the cost per member for doctors (both general practitioner and consultants or specialists), for institutional treatment (including hospitals and convalescent homes), and for medicines and appliances, and two of these I will quote as representative.

	Doctors.		Institutions.		Medicines, etc.	
	Cost per Member.	Percentage of Total Expenditure.	Cost per Member.	Percentage of Total Expenditure.	Cost per Member.	Percentage of Total Expenditure.
Dresden ...	s. d. 8 2½	18.45	s. d. 5 7	15.73	s. d. 4 8½	13.21
Munich ...	6 11½	15.10	8 2½	17.88	4 2	9.13

This shows that the German Krankenkassen are paying from 11s. 6d. to 19s. 4d. a member for what Mr. Lloyd George is trying to get for 9s.

It is evident, however, that our statesmen are becoming alive to the deficiency of our equipment, and a grant of a million and a quarter has already been voted to remedy the evil. Particularly gratifying is it that a certain proportion of this sum is to be devoted to a supplying of laboratory facilities to assist the busy practitioner in accurate diagnosis and the more modern methods of treatment. No one can over-estimate the value of modern laboratory methods in assisting diagnosis and treatment. That this is being generally recognized is shown by the final report of the Departmental Committee on Tuberculosis, which recommends a general extension throughout the United Kingdom of clinical laboratories for the better diagnosis and treatment of disease.

Dr. Newsholme is no less emphatic in his last report when he states that "in order that a satisfactory medical service may be secured throughout the country facilities for work similar to that now being done in hospitals will need to be offered to medical practitioners generally." To see the extension of this work in modern times it is only necessary to glance at the reports of this work in our large and best equipped hospitals. In Guy's Hospital 5,326 specimens were examined during 1911, and in St. Bartholomew's 5,117. In the latter case Dr. Gordon gives the following analysis:

(a) Bacteriological ...	2,176
(b) Vaccines made ...	280
(c) Wassermann's test ...	928
(d) Cytological examinations (blood count, pleural effusion, cerebro-spinal fluid, urinary sediments) ...	427
(e) Chemical examinations (test meals, faeces for occult blood, etc.) ...	450
(f) Sections of morbid tissues ...	856

The above work is additional to a large amount of pathological work done in the hospital wards (over 700 beds).

These figures were given in reply to a special letter sent out to hospitals by Dr. Newsholme; and Dr. Gordon in his report further states that the number of specimens actually examined in 1911 would have been doubled had the total number been examined in which such investigation was practicable.

Such an extension of pathological work is not invariable in the hospitals throughout the country; many of those remote from large centres of population and unconnected with medical schools are especially inadequate. It is to be hoped that in this new further movement for the establishment of laboratories our large voluntary hospitals will be utilized. It will be a means of correlating the work of the hospital with the work of the general practitioner, and the financial aid thus obtained will help to raise the standard of those hospitals which for lack of means have hitherto been unable to maintain fully-equipped pathological departments. It is suggested that these State-aided laboratory centres should be only in connexion with our universities, but in a district like this, with over a quarter of a million of inhabitants, and with a populous surrounding district, surely it is better to have our own laboratory. This is, fortunately, rendered feasible by the generosity of the present President of our infirmary, who has recently equipped a first-class pathological department, which, with a full and complete staff, will be able to meet every requirement of the whole district. I hope the time will soon come when there will be an amalgamation of the efforts in this direction by the public health authorities, the voluntary hospitals, and now also the Insurance Commissioners; and we shall have the establishment of laboratories at Hartshill which will be not only complete in the way I have already described, but which will be able to carry out valuable independent research in the industrial diseases connected with our staple industries.

Times are critical, and we want earnest combined effort to stem the tide and secure for the medical profession the honoured position it has always held in the past. Detractors we have many, but I am convinced that the same spirit animates the bulk of the profession as was so eloquently expressed in the inaugural address to the International Congress in London in 1881 by Sir James Paget, a man whose life has been an inspiration to many. With his words I conclude:

"We had better not compete where wealth is the highest evidence of success. We can compete with the world in the nobler ambition of being counted among the learned and the good, who strive to make the future better and happier than the past, and to this we shall attain if we will remind ourselves that, as in every pursuit of knowledge, there is the charm of novelty, and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospital or in the service of the poor, great as is the privilege of our calling in that we may be its chief ministers, but that wider charity which is practised in a constant sympathy and gentleness, in patience and self-devotion. And it is surely fair to hold that, as in every search for knowledge we may strengthen our intellectual power, so in every practical employment of it we may, if we will, improve our moral nature; we may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy. Let us, then, resolve to devote ourselves to the promotion of the science, art, and charity of medicine. Let this resolve be to us as a vow of brotherhood, and may God help us in our work."

THE late Dr. B. H. Mumby, Medical Superintendent of Portsmouth Lunatic Asylum, left estate valued at £13,020.

Two Chinamen were convicted at the Thames Police Court recently for unlawfully selling opium. The prosecutions were instituted by the Pharmaceutical Society. It appeared that in the first case the defendant kept a boarding house; the society's inspector purchased a 4 oz. tin of opium for 18s. 6d. The defence was that the opium was kept for the proprietor's private consumption, and that the sale was made without his knowledge; a fine of 20s. and 2s. costs were imposed. In the second case the inspector purchased a tin of opium for which he tendered £1 and received 1s. change. The defence was that the defendant had not asked for money, and that the inspector had left the £1. In this case the magistrate fined the defendant £5 and 2 guineas costs.