article ends in a dramatic situation occasioned by the advent of William Harvey armed with a dagger when Riolan is executing "the Circulators," and especially their leader. Dr. O. Larsell describes the activities of A. A. Retzius (1796-1860), the anatomist, teacher, and public-spirited citizen, the first of whose numerous discoveries was that of the internal organ in elasmobranchs, which is the homologue of the adrenal cortex in higher animals. Dr. W. R. Steiner's article on the conflict of medicine with quackery begins with a consideration of the meaning of the word, and quotes the definition of quack medicine his father gave sixty-four years ago as "that mode of practising medicine which takes one idea and applies it to all kinds of diseases without reference to their origin or administers one remedy for all possible diseases."

During June and September there are few pleasanter trips to be made in Europe than to go by road *Through Central France to the Pyrenees*.⁹ The writer of a recent book with this title went in April, but found some consolation in that the country was fresh and the roads, when she took to them, and the hotels, when open, were little frequented. The main object of the tour was to sketch, and the volume is enlivened by small landscapes, some in colours. The authoress sketches better than she writes, but there are some useful hints. The Paris, Lyons, and Mediterranean Railway has just issued a pamphlet describing its motor-car services in the Rhone Valley. This contains some really inviting woodcut illustrations, including one of the Pont du Gard, described in the book noticed above, and a coloured drawing of the famous bridge at Avignon.

The elementary book on medicine by Dr. A. VON DOMARUS,¹⁰ director of the medical department of the Augusta Victoria Hospital in Berlin, intended as an introduction to the larger textbooks of medicine, contains concise descriptions of diseases, and will doubtless prove useful to German students. We have noted, however, several omissions, such as the absence of any reference to insulin in the treatment of diabetes, to the Epstein diet in nephritis, or to the quartz lamp treatment of rickets; perhaps the most surprising omission is the lack of any allusion to the Schick test and immunization by toxin-antitoxin.

⁹ *Through Central France to the Pyrenees*. By Maude Speed. Illustrated with sketches by the author. London: Longmans, Green and Co. 1924. (Crown 8vo, pp. vii + 245. 10s. 6d. net.)

¹⁰ *Grundriss der inneren Medizin*. By Dr. A. von Domarus. Berlin: Julius Springer. 1923. (Med. 8vo, pp. xiii + 640; 58 figures. 3 dols.)

PREPARATIONS AND APPLIANCES.

Elbon.

ELBON, "Ciba" brand, is a synthetic compound prepared by the Society of Chemical Industry in Basel. It is a combination of cinnamic acid and oxyphenylurea, and its chemical name is cinnamoyl-p-oxyphenylurea; it acts as an antipyretic and internal disinfectant. It is claimed that the drug has a very low toxicity, and in particular does not lead to the production of methaemoglobin in the body. The dose recommended is up to 60 grains a day. Clinical reports show that the drug reduces fever and diminishes expectoration in pulmonary tuberculosis and septic bronchitis. Elbon is recommended in the above mentioned diseases and also in hay fever, and in such cases of chronic endocarditis as are refractory to treatment with salicylates.

A New Three-bladed Peritoneum Forceps.

Mr. THOMAS B. MOVAT, F.R.C.S., Sheffield, writes: The instrument illustrated has been made for me by Messrs. Down Bros., Ltd. It will be found useful in grasping and bringing two raised peritoneal folds into position for suture, in an anastomosis, in sinking

a bowel stump, or in invaginating a gastrostomy or caecostomy tube. It is a modification of Pannett's three-bladed peritoneum forceps, which have crushing blades which restrict their use to the parietal peritoneum. The multiple toothed, non-crushing grip of Stiles's peritoneum forceps has been substituted for the crushing blade of Pannett's instrument.

The British Medical Association: ITS CONSTITUTION AND GOVERNMENT. AN HISTORICAL SURVEY.

BY

JOHN C. McVAIL, M.D., LL.D., F.R.F.P.S.

I.—EARLY DAYS.

TIME flies. Of the twenty-six members of the Committee who drafted the constitution of the British Medical Association in 1900-1 more than half are dead, and the Representative Body, the outstanding result of the Committee's labours, reaches its twenty-first birthday at the Bradford Meeting of the Association in the present year, 1924. In these circumstances it has been thought desirable now to put on record the story of the Committee's work. Having been one of its members, I am asked to undertake the duty, and in the leisure of retirement I comply with the request. But, going through the various documents—minutes, proceedings, reports, old volumes of the *BRITISH MEDICAL JOURNAL*, and so forth—relating to what was done in 1900-1, I have found myself under the necessity of searching further and further back in the annals of the Association, so as to learn how a particular problem had come to the front at a particular time, and thus I have had to retrace the movement to the very beginning. A retrospective sketch is therefore unavoidable, but it must be confined within narrow limits. It is not a history of the Association that is proposed, but only a record of the development of its system of government. Many of the details which follow will be found very dry reading—they certainly have proved very dry writing—and can safely be skipped by anyone who is not specially interested, but they may be of use when occasion arises to reconsider the scheme of government, as seems likely, from experience, to occur every few years.

The Provincial Medical Association, founded at Worcester in 1832, had for one of its objects the "maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterize a liberal profession." At its head there were to be a President and a Council, both to be appointed annually. The members of Council were to be selected from the principal provincial towns, and their specified duties were to consider papers submitted and to receive subscriptions of a guinea yearly. The Association's original membership of 50 had increased to 316 at its first Annual Meeting in Bristol in 1833, and the Council, all of whose names are given in the report of the meeting, then numbered no fewer than 70. This was the original governing body.

In the following year there was the foreshadowing of the formation of Branches when the Council recommended that—

"in towns where many members of the Association reside, occasional meetings of such members should take place, for the promotion of the general objects of the Association—namely, the free communication of professional knowledge, and the cultivation of good feeling among the members."

What may be regarded as the first Branch was formed in 1836-37, and consisted of the Eastern Provincial Medical and Surgical Association, which had come into separate existence in 1835, and was now amalgamated with the Provincial Association. In 1837 three Branches were formed—at Wells, Bath, and Southampton—and at the Annual Meeting in Cheltenham that year regulations for Branches were passed. They were to be established wherever it seemed proper, and the General Council was to provide "suitable instructions" for their guidance. Every Branch was to govern itself, but by-laws were to be submitted to the General Council for approval. An important regulation was—

"That all members appointed to offices by the District Branches be forthwith enrolled as members of the General Council."

Thus from the beginning representative government was broadly recognized by the Association in respect of both

Council and Branches. As the story proceeds it will be seen how this ideal of representative government has been continually before the Association; how it was thought to have been achieved over and over again; but how within a few years dissatisfaction arose, and what had been arranged by one set of members was regarded by their successors as unrepresentative or insufficiently representative.

As regards cost of management, the expenses of the District secretaries (no doubt including Branch secretaries) were to be defrayed from the general fund, but were not to exceed one-seventh of the guinea subscription, unless specially allowed by the Council, the maximum allowance being one-fourth of the guinea. This principle of Branch outlays being paid centrally was at a later date departed from, and a separate subscription was for a number of years charged to members by the Branch itself. As we shall see, Branch membership at the same time was optional, and before the original practice of paying all outlays from the central fund was reverted to, a third or more of the total members of the Association were not connected with any Branch. Branches increased in numbers steadily, and when the Association attained its jubilee in 1882 the total was 35, the membership of the Association being 9,563.

An Early British Medical Association.

A note of some interest may be interpolated in passing. The Provincial Medical and Surgical Association, formed in 1832, changed its name into the British Medical Association in 1856. But it was not the first body to bear that title.* In its early days several medical associations came into being, and are mentioned in contemporary literature. The Eastern Provincial Medical and Surgical Association, formed in 1835, was not in rivalry with, but in imitation of, the Worcester creation. There was also, by 1840, a North of England Medical Association, with its headquarters at Newcastle; and in 1841 mention is made of the "Eastern Medical Association of Scotland," which had been instituted some years before. One such body was centred in London, and its name was the British Medical Association. Its president was Dr. Webster of Dulwich. At its annual meeting at Exeter Hall in 1840, Dr. Webster said that "they were assembled in the very spot where, four years ago, this Association received its final impress." As reported in the *Lancet* in 1845, at a meeting of the Association in Exeter Hall in January of that year, a body named the Association of General Practitioners in Medicine, Surgery, and Midwifery had written to the British Medical Association about amalgamation of the different district metropolitan associations, and had asked for a meeting. Dr. Webster had sent a friendly reply, but pointing out that the British Medical Association contained many consultants not admissible to a general practitioners' association. The British Medical Association's annual meeting and that of its Council are reported in the *Lancet*. How long it continued in existence I do not know, but its demise must have occurred within the next decade, seeing that the Provincial Association adopted the name in 1856.

The Council in 1854-56.

In 1854 at Manchester two resolutions were adopted regarding the Council. Its headquarters had always been at Worcester, where the Association had been formed and where its President lived, but the publication of the *JOURNAL* had been transferred to London. In that connexion it was decided—

"That the members of the General Council resident in and within twenty miles of Worcester be requested to act as an Executive Council, and to continue their services as hitherto in furtherance of the business of the Association, to which Executive Council the Editor of the *JOURNAL* and the Secretary of the Association shall be responsible."

It will be observed that a distinction had by this time been made between the General Council and its Executive, and this resolution regularized the position, which had previously depended on usage.

Though the principle of representative government was

*Mr. Muirhead Little has also observed, in medical periodicals, references to this former British Medical Association, and has very kindly given me the benefit of notes which he had made.

already recognized, it cannot have been sufficiently acted on to please the members, as a further resolution was passed:

"That in the opinion of this meeting, the representative principle ought to be fully adopted in the constitution of the governing Council," and that a Committee be appointed "to examine, revise, alter and amend the laws of the Association, especially those relating to the members of the Council and the constitution of the Branches."

The Committee was also instructed to ascertain the opinion of each member of the Association on the whole of the changes recommended, and to report at least four weeks before the next Annual Meeting. The report desired is contained in the *JOURNAL* of May 25th, 1855, the membership of the Association being 2,094. This was a critical time. Feeling ran high on various questions, including a proposal that the name be changed to "British Medical Association." That was defeated by 50 votes to 31. The whole of a two days' Annual Meeting at York in August, 1855, was occupied with discussions on finance and on the Committee's report. Sir Charles Hastings was re-elected, this time for life, as President of the Council and Treasurer of the Association. It was resolved that the Council should consist of the officers of the Association and of members elected by the Branches, according to their size; those with less than thirty members having only their president on the Council, but if the membership were thirty or more the acting honorary secretary would also be on the Council, and for every twenty members beyond thirty there would be an extra councillor. Another proposal was that the Annual Meeting might elect an additional member of Council for every twenty members not included in any Branch. (At that time various parts of the country would not be within Branch areas.) The General Council thus constituted was to appoint an Executive Council, to consist of two central officers, ten members of Council chosen by that body, and one secretary from each Branch. This Executive Council in its turn could delegate its powers to any five members.

But the retention of the old name of the Association and incomplete adoption of the representative principle caused much resentment, so that a secession was threatened. Though the new Executive appointed as above hastened to issue a conciliatory address, several Branches sent in requisitions for a special general meeting to reconsider the laws. This was granted, and the Executive issued voting papers as to the change of name. The special meeting took place at Birmingham in November of the same year—1855. Sir Charles Hastings stated that a large majority of the voting papers were for the new name, "British Medical Association," and that this vote would be accepted frankly. He went on to propose a resolution, of which the essential parts were two: (i) the change of name at the next Annual Meeting; (ii) the principle of absolute representation in electing the Council, "so that each member of the general body may have, by his representative, a voice in the management of its affairs." This resolution, and others of less importance, were carried unanimously, all threats of resignation were withdrawn, and peace was restored.

In accordance generally with the recommendations of the above special meeting, the next Annual Meeting, which was held at Birmingham in August, 1856, unanimously adopted a code of laws which may be condensed as follows:

- (1) Name, British Medical Association.
- (2) Council, excepting as to *ex-officio* members, to be elected solely by the Branches, one for every twenty members besides the honorary secretary of each Branch.
- (3) Every candidate for membership of the Association to be recommended by three members.
- (4) The Executive Council to be called the Committee of Council, and to have no power to delegate its functions to five members.

It will be observed that this scheme did not include representatives of Association members who were not also Branch members, as had been contemplated at the meeting at York in the previous year; but even without this feature the Council as constituted in 1856 continued without change for a dozen years.

1868-1873.

It seems not to have been until the Annual Meeting at Oxford in 1868 that the question of government was again debated. The proposal of 1856 had been that the Annual Meeting might elect an additional member of Council for

every twenty members not in any Branch. In its new form at Oxford the scheme was that the Committee of Council be empowered to recommend to the Annual Meeting such representation of non-Branch members, but that the Committee should not undertake this duty where the outside members themselves made nominations in the same proportion. The proposal was adopted and remitted to the Committee for execution. At this time a Council of one in twenty would have had 181 members, besides the Branch secretaries. Of course, however, no railway fares were paid till long afterwards. In the following year (1869) at Leeds a resolution to increase the elected members of Committee of Council from ten to twenty was rejected. In 1871-72 at Plymouth the President-elect and the Vice-Presidents were added to the Council, whilst a proposal to omit the secretaries of Branches from the Committee of Council and to increase the elected members from ten to twenty-five was rejected, as was also, in 1872 at Birmingham, a proposal to pay travelling expenses of members of the Committee of Council and of subcommittees. In 1873 the Annual Meeting was held in London, and several alterations were made in the laws—alterations, some of which partly undid the work of 1855-56. The readers of addresses and presidents of sections were added to the Council. The number of elected members of the Committee of Council was increased from ten to twenty, and any two members of the Association might also nominate candidates. The Committee was requested to prepare a complete code of laws and by-laws, based on the existing laws, and to report. Accordingly a subcommittee was appointed for the purpose.

INCORPORATION, 1874.

The Council announced at the London Meeting in 1873 that the Public Companies Act having been so altered as to enable scientific associations to obtain benefits practically equivalent to those of a charter, but at a much less cost, preliminary steps had been taken for that purpose, and in view of incorporation under the Act revision of the laws was recommended. The incorporation was carried out in 1874, when the Annual Meeting was held at Norwich, and a Memorandum and Articles of Association were adopted. The preparation of by-laws was remitted to the subcommittee already appointed. The appointment of Treasurer became triennial instead of permanent, and he became *ex officio* a Vice-President.

The Memorandum and Articles (BRITISH MEDICAL JOURNAL, 1874, vol. ii, p. 120) prepared by the subcommittee so as to comply with the Companies Act, were adopted on August 13th at Norwich (p. 249). The members of Council were to be directors, and the liability of a member of the Association was limited to a guinea if the company had to be wound up at any time. The Committee of Council might call an extraordinary general meeting when it saw occasion, and was bound to do so on receiving a requisition by not less than fifty members. The quorum of an extraordinary meeting was to be fifty, and that of an ordinary general meeting twenty-five. The business of the Association was to be managed by the Council and the Committee of Council. The quorum of the Council was to be twenty-one and of the Committee of Council seven. The General Meeting under the Act was to determine "the constitution, powers and modes of procedure of the Council and Committee of Council" (Article 25). The Branches, it was enacted, "shall be so constituted and shall have such powers and privileges, and be subject to such obligations as shall be determined from time to time by the Association in general meeting" (Article 27). The Editor and Secretary were to "receive such emoluments as shall be determined from time to time by the Association in general meeting." Voting by proxy was to be allowed, the proxy being a member of the Association.

Thus the Association, with a membership of 6,000, constantly increasing, was to be under the absolute control of the General Meeting, held sometimes in one part of the country and sometimes in another, and with a quorum of only twenty-five. In theory there was of course always the possibility of a heavy proxy vote by members who could not attend personally, but there was no real likelihood of that ever becoming the method of government.

The Articles, being approved by the Council, and adopted

by the Association, came duly into operation. Anyone who wishes to refer to them will find the articles, and also the by-laws, in the BRITISH MEDICAL JOURNAL (1874, vol. ii, p. 121). They were adopted without change at the Edinburgh meeting in 1875. The main provisions of the by-laws were the following:

The Council was to consist of the President, the Vice-Presidents, the President of the Council, the Treasurer, the readers of addresses and presidents of sections at the Annual General Meetings of the Association for the current and last preceding year, together with such other members of the Association as were to be elected annually by the Branches. The Council was to meet at the Annual Meetings of the Association and oftener if required. As already noted twenty-five members were to be a quorum, but for an extraordinary general meeting the quorum was to be fifty. Each Branch was to elect a representative on the Council for every twenty members of the Branch, together with one member to be called the honorary secretary. These were jointly to represent the Branch on the Council.

The Council was to elect annually, by voting papers, twenty members of its own body as members of the Committee of Council. The Committee of Council, besides these twenty elected members, was to include the same *ex-officio* members of the Council, excepting the readers of addresses and presidents of sections. It was to meet not fewer than four times a year, and seven members were to be a quorum. The five members who had attended the fewest meetings were to retire annually and be ineligible for re-election for the ensuing year. The Committee was to manage the general business of the Association excepting as otherwise provided by articles and by-laws.

Any twenty members or more might form themselves into a Branch subject to recognition by the Committee of Council. Each Branch was to pay its own expenses and to be free to govern itself, within the fundamental laws of the Association.

By-laws could be altered only at an Annual Meeting and subject to two months' notice.

DEVELOPMENT OF REPRESENTATIVE GOVERNMENT.

Important events in 1882-84 require next to be noted in the history of the government of the Association. The subject came before the Annual Meeting held at Worcester in August, 1882, and once more the question was representative government. It was resolved:

"That the Committee of Council be requested to consider in what way direct representation of Branches can best be secured."

The Committee of Council met quarterly, and was in practice the real governing body of the Association, except for the influence of the Annual Meeting. Under a by-law (25) the honorary secretary of every Branch was a member of the Committee of Council, and a Branch could, if it chose, appoint more than one such secretary, whilst one of these could have prescribed to him the sole duty of representing the Branch on the Committee of Council.

A special subcommittee in carrying out its remit issued a letter of inquiry to all Branches, asking whether they were satisfied with the existing system, whether the Branch paid the travelling expenses of its representative, and whether payment or non-payment made any difference in attendance at meetings. Dr. Nelson Hardy, however, wrote to the JOURNAL protesting that an additional question should have been asked—whether, whatever might be decided as to appointment of representatives, their votes ought to be under risk of swamping by *ex-officio* vice-presidents, whom he described as "a large body of wholly irresponsible members."

In the following year (May 17th, 1883) a special meeting of the whole Council was held at Birmingham to consider the report of the subcommittee. The report was in two parts, of which the first contained four recommendations, namely:

1. That there be one representative for every branch.
2. That such representatives be elected "directly" by the Branches.
3. That they be elected annually.
4. That the larger Branches should have the right to elect out of their members additional representatives on the following scale—namely, that in Branches numbering more than 200 members, there shall be one additional representative for every 200 members.

'These recommendations were adopted by the meeting of Council.

The second part of the subcommittee's report contained recommendations which were considered separately, and the Council resolved as follows:

- (a) That a record of attendances be kept and published annually.
- (b) Looking to the first part of the report having already been adopted, the Council, and therefore the Committee of Council, shall cease to exist and shall be replaced by the new governing or executive body.
- (c) The travelling expenses of the elected representatives shall be paid by the parent Association.
- (d) The President of the Association, the President of the Council, the President-elect, the Treasurer, and the Vice-Presidents shall be members of the executive body.
- (e) No member shall represent a Branch in the Executive unless he be a resident member in the Branch.

These recommendations came before the Annual Meeting at Liverpool in 1883. By this time the membership of the Association was 10,050. The proposal about *ex-officio* membership of Vice-Presidents in the central body was modified as follows:

"Each retiring President shall be eligible for re-election by the Association, in annual meeting assembled, as a Vice-President for three years, provided that he continue a member of the Association."

The recommendation of payment of travelling expenses was rejected by a large majority.

A lengthy by-law was adopted detailing the method of election and the powers and duties of the Council, which, it was decreed, "shall manage the general affairs and business of the Association, except as otherwise provided by the articles or by-laws."

A Forecast of Divisions.

A point of interest may be noted here with regard to the number and membership of the Branches. Some parts of the country were still without any local Branches, whilst existing Branches did not need to have any definite area. The total home Branches in 1883 numbered thirty-two. The Council reported to the Liverpool meeting that

"the long distances and the fatiguing journey from the principal centres of the Southern Branch, and the consequent loss of time, caused the Dorset and West Hants District of the Southern Branch to apply to the Committee of Council for recognition as a distinct Branch, which after some consideration was given."

A by-law as to Branches was adopted, after discussion. The minimum number of members was to be twenty, amendments proposing a larger minimum being rejected on the ground that the formation of a Branch was subject to its recognition by the Council. It would thus appear that if applications for the dividing up of existing Branches had been made throughout the country, and if the Council had granted the applications, the object which was subsequently achieved by the creation of Divisions sufficiently small to facilitate attendance by all who wished to attend could have been accomplished any time after 1883. Each Branch, however small, would have had a representative on the Council. But such a system could not have worked. A 10,000 membership of the Association, divided into twenties, would have meant a Council of 500 members, who would be called to attend quarterly meetings in London, and whose travelling expenses, as decided at Liverpool, would not have been paid.

To make the above resolutions binding a *pro forma* Extraordinary General Meeting was held at Liverpool after the ordinary General Meeting, and a final meeting on August 17th at Exeter Hall.

At the Annual Meeting of 1884 at Belfast, Mr. C. G. Wheelhouse, President of the Council, in moving the adoption of the Council's report, said:

"The Council had also during the year drafted a new constitution for the Association. For fifty years it had been carried on by men who had solely the good of the profession at heart; and it had increased in numbers till it now numbered nearly 12,000 members. He believed he might say, for the old Committee of Council, that it had done its work well and that, having seen the Association through periods of trouble and poverty, it had left it landed upon a platform of success in all directions. They were now entering upon a new constitution. Instead of having a proportion of members of Committee of Council elected by the Annual Meeting, they were electing a larger number of Branch representatives; and the Branch representatives would henceforth take the government of the Association more largely into their own hands. He sincerely hoped that the work of those representatives would be as hearty

and thorough as that of their predecessors had been. During the years of office of the old Council the Branches of the Association had spread in all directions; and it had now become a powerful body not only at home, but in distant regions of the globe."

At this time evidently the members who had grown up under the old system had the same kind of doubts about Branch representation as at a later time was felt about Divisional representation. On both occasions the fears turned out to be causeless, though natural.

From 1884 to 1896 I have not noted anything requiring to be recorded here.

(To be continued.)

THE EMPIRE AND HEALTH.

IN his inaugural speech at the opening of Wembley Exhibition the King spoke of health as one of the most vital imperial interests, and in many buildings throughout the Exhibition there are records of great achievements which were only rendered possible by the preliminary conquest of some disease. West Africa, for example, is no longer the white man's grave; Malaya, Hong-Kong, and other dependencies have been similarly transformed. Health measures have already laid the foundation of successful commerce and colonization in many places, but the problem of protecting native races from disease has to be solved before their existence can cease to be a world danger and become a world asset.

Imperial Health in Retrospect.

It is, therefore, not surprising that one of the twelve volumes making up a survey of the British Empire, which have been published in connexion with the Exhibition, is devoted to health considerations. The book is entitled *Health Problems of the Empire: Past, Present, and Future*,¹ and is written by Dr. Andrew Balfour, C.B., Director of the London School of Hygiene and Tropical Medicine, and Dr. H. H. Scott of the same school. They have succeeded in producing a very good bird's-eye view of public health history in its relation to the British Empire, which should achieve the object of evoking interest and stimulating inquiry, for it is something more than a mere collection of facts and figures. The gradual evolution of a health conscience is traced first in Great Britain from the days of Richard Mead, pleading for cleanliness, and John Howard, preaching sanitation in prisons and cottages, both at the beginning of the eighteenth century, to Jenner in 1798, to Edwin Chadwick and the first Public Health Act of 1848, and to the advances that have since been made. The growth of measures for safeguarding the health of seamen in the navy and mercantile marine from the days of Smollett's *Roderick Random*, and James Lind, physician at Haslar in the middle of the eighteenth century, has an interest of its own, and there are few instances of the British Navy having failed in its objective owing to the crippling effects of sickness. Such calamities have been more frequent in the history of the army, and the ill fated Walcheren expedition in 1809 was only one of many disasters. The need, however, produced the man required, and Dr. (afterwards Sir James) McGrigor, first Director-General of the Army Medical Department, started the great work of improvement that has continued to the present.

The history of health triumphs in the overseas possessions is illustrated in the spacious Tropical Health exhibit, which was described in our columns of April 12th (p. 675). Certain communicable diseases constitute a serious drain on the resources of the Empire. Ten of these diseases, which are widespread through many parts of the Empire (ankylostomiasis, cholera, dysentery, enteric fever, influenza, malaria, plague, chicken-pox, tuberculosis, and venereal diseases), are described by Drs. Balfour and Scott: each disease and the factors concerned in it are briefly considered, evidence is given of the damage inflicted on the Empire, and the measures of prevention and control are reviewed. The importance of maternity and child welfare work is now acknowledged both at home and overseas; yet there are still some sad contrasts. The present average infantile death rate in England is about 60, as compared

¹ *Health Problems of the Empire*. By Andrew Balfour, C.B., C.M.G., M.D., B.Sc., D.P.H., F.R.C.P.E., and Henry Harold Scott, M.D., M.R.C.P. Eng., D.P.H., D.T.M.Camb., F.R.S.E. London: W. Collins, Sons and Co., Ltd. 1924. (Med. 8vo, pp. xxi + 413; 9 plates. 16s. net.)