in the calves of the legs. Admitted to Belvidere Hospital on the same day; on observation there the patient's illness fell into stages, the first marked by a period of delirium, restlessness (child getting out of bed), with lethargy, mental confusion, and choreiform movements, first of the left side of the body, then of both sides; during this time the temperature was rising to 101-102° F. This period lasted for about six days from its onset. The next stage was one of constant drowsiness, lessening of choreiform movements, absence of excitement, and dazed facies, lasting about a week, during which the temperature, at first sustained, began to remit. This was followed by a period during which the child showed morning brightness and evening drowsiness, and absence of choreiform movements; the temperature was intermittent, with evening rises to 100-101° F. This lasted for about ten days, after which the temperature became normal and the child apparently well.

General Summary.

The cases do not readily fall into definite clinical types; particular signs or symptoms may be absent or variously combined in different patients with great variation in their duration and intensity. Among these the following are selected for mention, though they are by no means always present in individual cases of the severer types of illness:

1. *Symptoms on Onset.*—The initial complaint may be of rheumatism or neuralgic pains in a limb, the shoulder, neck, face, or abdomen, trifling or severe. Headache is common, and vomiting occasional. Sleeplessness is a very prominent and early symptom. One or two have commenced with "influenza" or sore throat.

2. *Fever.*—In the acuter cases there may be fever from the beginning, continuous at first and later intermittent. In a few cases, usually fatal, there may be hyperpyrexia. Many patients, however, although showing much motor disturbance and delirium, have little fever.

3. *Delirium and restlessness* may be extreme, requiring forcible control. A feature of the delirium is that the patient can be roused and can answer questions sensibly enough, though there may be some mental confusion. Restlessness may be a continuous feature or may alternate with drowsiness. When present it occurs, or is worse, during the night.

4. *Involuntary muscular movements* are variously described as twitching, spasmodic, choreiform, involving the feet, the limbs, or the whole body. In a severe case the body may be jerked from flexion to extension and vice versa, and the patient may have to be held in bed. Twitching has been definitely present in 18 cases in the present series. It may, however, be so slight as to be overlooked unless watched for. In milder cases it is not unlike the spasmodic contractions of tic. Spasticity is associated with its presence.

5. *Insomnia* is an almost constant feature, sleeplessness being an early and noticeable symptom in most cases. It may precede onset of twitching by a few days.

6. *Lethargy* may be present early or may succeed the irritative stage. In a few of the patients it was not a prominent feature, but the great majority had this symptom in greater or less degree. The face may assume a dull mask-like expression.

7. *Ocular Phenomena.*—Diplopia is the most frequent of these and may be persistent or transient; ptosis may be present on one or both sides, and in one or two instances nystagmus has been observed. The appearance and reaction of the pupils vary considerably.

OXFORD CONTRIBUTORY HOSPITAL SCHEME.

STATEMENT BY DR. WILLIAM COLLIER.

We have received from Dr. William Collier an account of how the Oxford hospital scheme* has fared during the past two years. He writes:

The scheme was started in September, 1920. A contributor is asked to subscribe 2d. a week, children of wage-earning age 1d. until they are earning an adult's wage. In the case of married couples, when the husband and wife each subscribe 2d. a week, their children are entitled to treatment up to wage-earning age. Every care is taken to prevent those who are in a position to pay for adequate medical advice from joining. No contract is made with the contributors.

In 1921 the scheme brought the hospital a little over £17,000, but we had yet to enrol a number of villages and firms. In 1922 the scheme brought the hospital a little over £23,000. When one learns that in 1913 the total income of the hospital from all sources amounted to £9,559 one realizes how much those who use our hospitals can do towards keeping them on a voluntary basis.

We were told at the outset it would be impossible to get agricultural labourers voluntarily to subscribe as much as 2d. a week; they have done so, and in spite of the enormous reduction in their wages they still continue to do so.

We have organized Hospital Aid Committees in 295 villages; and in the towns, including Oxford itself, we have Aid Committees in every parish. In this way over two thousand people are working for, and are interested in, the maintenance of our hospital on a voluntary basis, who a few years ago scarcely gave the hospital a thought. A very large number of meetings have been organized in the villages. At these meetings the speakers explain why both surgical and medical work has become so much more expensive, why it is important to keep our hospitals on a voluntary basis, why those who are present should join the scheme, and so on.

Perhaps one of the most striking examples of the way in which those can help who have a mind to is the fact that last year the employees of two shops in Oxford, from which the hospital obtained nothing in 1919, contributed between them £230 5s.

The total cost of working the scheme comes to a little less than 4½ per cent. of the amount collected.

Dr. Collier includes the following financial statement:

RADCLIFFE INFIRMARY AND COUNTY HOSPITAL, OXFORD.

WEEKLY CONTRIBUTION SCHEME.

Financial Statement, 1921, 1922.

1921.	£	s.	d.	1922.	£	s.	d.
Received during the year and to Jan. 10, 1922	16,281	11	1	Received during the year and to Jan. 10, 1923	21,538	5	7
Received during 1922 in respect of 1921	1,150	4	3	Amount received for 4th quarter after Jan. 10, 1923	1,521	4	1
	£17,431	15	4		£23,059	9	8
	Increase on year, £5,627 14s. 4d.						

Expenditure.

1921.	£	s.	d.	1922.	£	s.	d.
Appeals	926	12	6	Appeals	463	19	1
Salaries and wages	538	1	9	Salaries and wages	582	10	0
	£1,464	14	3	Superannuation Fund	21	19	0
					£1,068	8	1

Decrease of expenditure, £396 6s. 2d. Proportion of expenditure to total receipts, 4½ per cent.

Dr. Collier sends a list of some typical examples of increased incomes from various places, from which we make the following selection (the first two places are market towns, the rest villages):

Typical Examples of Increased Income from Market Towns and Villages.

Place.	Income from all Sources.		
	1913.	1920.	1921.
Abingdon	£ 69 11 7	£ 191 17 2	£ 1,001 4 9
Witney	102 2 0	236 14 9	1,498 12 7
Kidlington	15 6 0	59 14 1	294 16 8
Enstone	25 10 0	20 10 0	214 13 5
Bampton	21 3 6	38 12 1	223 17 9
Leafield	12 17 5	47 1 9	180 15 8
Long and Little Wittenham	14 14 6	42 11 2	156 13 11
Garsington	10 12 8	16 0 5	136 15 2
Kirtlington	8 10 5	22 8 7	183 9 1

Dr. Collier also sends some examples of the increased income from employees. Thus the contributions received from men employed by the Great Western Railway Company at Oxford rose from £35 in 1914 to £116 in 1920 and £478 in 1921; from those engaged by the University Press from £30 in 1914 to £129 in 1921; and from the employees of a motor manufacturing company from £64 in 1920 to £106 in 1921.

The staff of the Buffalo General Hospital has started the publication of a *Bulletin*, to contain records of cases occurring in the hospital. The first number, which is before us, bears the date January, 1923; it is very well got up, the illustrations are excellently reproduced, and all the cases are well worthy of record.

* See BRITISH MEDICAL JOURNAL, March 11th, 1922, p. 397.