the requirements of the *British Pharmacopoeia 1914*, and altogether compares very favourably with the German product obtainable before the war. So far as quality is concerned, therefore, the product of this firm should have no difficulty in permanently replacing thymol manufactured in Germany.

MEDICAL AND SURGICAL APPLIANCES.

MR. H. S. SOUTTAR has designed, and Messrs. Allen and Hanburys have made, a glove to maintain the extended position of the hands and fingers in paralysis of the extensor muscles, and the relaxation of those muscles essential to their recovery. A leather armband above the elbow is connected by a detachable leather strap to the

wrist of a stout leather glove. Inside the glove elastic bands pass from the wrist to the top of each finger. On contraction of the flexors the fingers and wrist can be flexed and the hand used.

ROYAL MEDICAL BENEVOLENT FUND.

(Continued from p. 559.)

THE following is a continuation of the summary of cases relieved by the Committee at its meeting in March:

Widow, aged 47, of M.D. Edin. who practised at Glasgow and died in 1912. Applicant was left unprovided for with seven children. The older ones are now married, and unable to help, and the four younger children are at school. Only permanent income £22 from other charities. Tries to supplement this by taking in boarders, but unsuccessfully. Relieved four times, £72. Voted £20 in twelve instalments.

Daughter, aged 65, of M.R.C.S. Eng. who practised in London and died in 1853. Left totally unprovided for, and has worked in various ways to try and support herself, but was unable to provide for her old age. Her income now from a charity and friends totals £28, and she tries to supplement this by poultry-keeping. Relieved three times, £30. Voted £6 in twelve instalments.

Daughter, aged 67, of M.R.C.S. Eng. who practised in North Devon and died in 1903. Was left totally unprovided for, and her health is exceedingly unsatisfactory, which has prevented her from working. Her only income has been a few shillings weekly from friends. Previous help, £14. Voted £12 in twelve instalments.

Widow, aged 46, of L.S.A. Lond. who acted as ship's surgeon and died in 1912. Was left with three children, aged 8 to 24. The eldest is unable to assist, and the others are too young to do anything. Applicant is now working as a typist at £1 a week, but finds it insufficient to keep four persons. Relieved four times, £18. Voted £12 in twelve instalments, and referred to the Guild.

Widow, aged 66, of surgeon in the Army Medical Service who died in 1888. Only income a War Office pension. Was operated upon six years ago for cancer and had breast removed. Has four children, but all married, and none able to help. Wants a little help to furnish spare bedroom, so that she might take in a paying guest. Relieved once, £16. Voted £5, through the Guild.

Subscriptions may be sent to the honorary treasurer, Dr. Samuel West, at 11, Chandos Street, Cavendish Square, London, W.

THE ROYAL MEDICAL BENEVOLENT FUND GUILD.

The Royal Medical Benevolent Fund Guild has issued its sixth annual report. It was presented to the annual general meeting at the Mansion House on February 21st by the Lord Mayor, as reported in the *JOURNAL* at the time. All cases helped are either qualified medical men, their widows and children, or unmarried daughters of such practitioners. The Guild not only makes gifts in money and kind when satisfied that they are needed, but also gives personal service, and for the conduct of this part of the work has a special visiting committee. It is now called upon, as a result of the war, to deal with many widows and children who, in happier times, would not have thought of asking for assistance. It is glad to receive secondhand

clothing and household linen. The class of clothes most wanted are such as are suitable for boys and girls working in offices, for women, and for old men. The gifts should be sent to the secretary of the Guild, 43, Bolsover Street, W.

NOTIFICATION OF PREGNANCY.

By J. W. BALLANTYNE, M.D.,

EDINBURGH.

THERE has been some talk of late of the desirability of introducing notification of pregnancy into Great Britain, and there have even been whispers of its being made compulsory. Before, however, any such proposals are accepted by the medical profession, it will be well to inquire what benefits are expected to flow therefrom.

Pros.

I. If the country had a system of compulsory notification of pregnancies it would be put in possession of figures respecting the number of infants on the way, and when these were compared with the number of births of living children, it would be made aware of the antenatal losses incurred. It would know what percentage of the starters in life's antenatal race had failed to breast the tape; it would also, with the help of the returns as to premature births obtained under the Notification of Births Act, have an inkling of the proportion of competitors who fell out before the last lap was entered upon. This information would doubtless come as a shock to some, it would awaken all to a better realization of the amount of potential lives that are being lost annually, and it would enable a few to say, "I told you so."

II. It would impress upon the general public, and perhaps specially upon the woman's part of it, the emphasis which is now at last, after many years, being laid upon pregnancy, for it would be taken for granted that some good purpose was intended to be served, beyond the obtaining of an estimate of the forthcoming crop of babies. It would therefore be necessary to follow on with a clear statement of the advantages which would accrue to the women notifying their pregnancies, of the benefits likely to be conferred upon the infants thus antenatally taken stock of, and of, possibly, some financial aid to be given at or after the confinement, or, better still, during the few weeks which preceded that event.

III. It would undoubtedly be a stimulus to the study of all matters relating to the hygiene and pathology of pregnancy and antenatal life, and if this stimulus produced its expected effect there would be a great increase in the frequency of antenatal treatment, and the scope of pregnancy supervision would be widened. In the long run there would be saving of lives to an unknown but certainly not inconsiderable extent.

IV. In the fourth place, it might serve to check the frequency of abortions and the use of abortifacient means.

Cons.

On the other hand, any such system of notification, especially if it were made compulsory, would arouse opposition and give origin to difficulties of many kinds.

I. The necessity for the preservation of at least a certain amount of privacy in intimate home affairs would be pleaded. During the continuance of the war and with individual responsibility and national success each playing a part, the inhabitants of these islands are prepared to write "fiction *pro tem*." across the adage "an Englishman's house is his castle"; but the compulsory notification of pregnancy would not be proposed as a temporary but as a permanent measure, and in the intimacy of its application it would produce disquiet in the public mind. A public which, in certain places at least, is ready conscientiously to object to vaccination would be with difficulty led to put itself in the hands of the enumerators of this novel census. Neither can it be thought that "the men at the front" would easily be persuaded of the necessity of so great a degree of paternal solicitude on their behalf and in their absence.

II. There would be irritating difficulties in the details and methods of the notification. The diagnosis of early pregnancy is not very easy, and for the notification to be of real value it would require to be made early so as to check third and fourth month abortions. Perhaps it

could be called a provisional diagnosis and notification, but then its value would be greatly lessened, for sufficient care would not be taken to ensure accuracy. Then, again, what harmless and unobjectionable means would be taken to enforce notification, and what penalties would be proposed for non-compliance? Could women doctors be supplied in sufficient numbers to carry out the examinations if a demand was made for them? Would the doctors be asked to do this also gratuitously? And so on.

III. It is unnecessary to force on such legislation and introduce so many new difficulties into health affairs, for events are already spontaneously moving in the direction aimed at. Many of the advantages which may be claimed as likely to flow from compulsory notification are already in process of being gained, slowly, it is true, but surely, and with increasing facility, by means of an education of the public in the nature and hygiene of pregnancy (through the work of the Women's Co-operative Guild, antenatal consultations, books on expectant motherhood, and other bodies or means), in the necessity of propagation in a progressive nation, in the care of young and especially of neonatal life, and in a hundred other matters, amongst which the making plain of the causes, dangers, and prevention of the venereal diseases must be reckoned as an effective part. It may be confidently expected that the present falling birth rate and the rising death-rate (without taking into account the loss of life abroad) will not fail to keep the increased and increasing value of antenatal life prominently in the public mind.

Suggestions.

Let us by all means "lengthen our cords and strengthen our stakes" in every direction in such educational ways and plans. Let us, as a profession, welcome as coadjutors eminently fitted for the task the various women's associations which are imbued with a sense of the value of infantile life and are in touch with women of all classes, but especially of the working and middle; let us as doctors aid them by accepting the responsibility of supervising pregnancies from their earliest weeks, by establishing more and more maternity hospitals, centres, and homes with all the essential component parts of the prematernity system attached thereto, and by putting the best of our special knowledge and skill at the call of the women passing through pathological pregnancies and labours.

Let the midwives act in like fashion.

Let us accept as watchword the Parisian phrase of these days, "Let every necessitous woman who is pregnant or who is nursing a young child have the social, legal, and medical protection to which she is entitled as a member of a civilized society: let no mother be overlooked and no infant forgotten." Let us study what was done by Pinard and others for infant life in Paris, even when the tide of battle was daily rolling nearer and "the Medes were at her gates."

When some eight years ago Mr. Eden Phillpotts asked why we should not have a "State department for the unborn," I heaved a sigh and said to myself, "Because we should only be laughed at for our asking"; I am not so certain of the sequent amusement now. Pinard has said—and it is not unlikely that the phrase may remain after the war is over—"notwithstanding an intensive puericulture, babies are not being made and cared for as are munitions."

If there is to be compulsory notification of pregnancies, let it come spontaneously from the women's organizations; but in the meantime let us, as a medical profession, accept all the voluntary notifications which are made to us by expectant mothers, and watch over the pregnancies thus entrusted to our medical care; let us do our best to popularize correct notions of the nature, risks, and hygiene of pregnancy, and let us freely give our assistance to all agencies which have as their aim the comfort and health of expectant mothers and the welfare of young infants at the breast or in the womb. If the Insurance Commissioners can see their way to make grants to necessitous mothers before their labours, as is being done in Paris, so much the better. But let us be up and doing.

The programme of the *Office central d'assistance maternelle et infantile* in Paris in the early weeks of the war began with these appealing words:

PARISIENS,
LES PÈRES SONT À LA FRONTIÈRE;
DÉFENDONS LES MÈRES ET LES PETITS ENFANTS;
À LEUR AIDE ET VITE.

The response was immediate; fresh milk for infants and hospitals through the military authorities; money to enable expectant and nursing and necessitous mothers to rest from hard bodily toil; and a supervision of mothers and infants which caused a decrease in infantile and maternal morbidity and mortality such as could hardly have been thought possible. We are in straits not quite so pressing, but the situation is full of depressing possibilities—

Qui non est hodie,
Cras minus aptus erit.

He who is not ready to-day will be less so to-morrow.

THE OPHTHALMIC HOSPITALS OF EGYPT.

THE third annual report of Mr. A. F. MacCallan, the Director of Ophthalmic Hospitals in Egypt, is a record of steady advance in work of a most excellent character. Not even the sacrifices which the department has made owing to the war has stayed the increase of its activity. Two medical officers left for military service and two fully staffed and equipped tent hospitals, together of 150 beds, were detached for the treatment of wounded Turks on the line of the Suez Canal. Nevertheless, the number of patients increased in the year by 9,456 and the attendances of out-patients by 141,745.

During the ten years ending with 1914 no fewer than sixteen ophthalmic hospitals have been opened; all except two are endowed. Of the total cost of provision of these hospitals only £17,000 has been contributed by the Government, £49,000 was obtained by gift, public subscription, or local taxation. This is apart from the Cassel fund. The hospitals are not costly; for £4,000 a hospital with a commodious out-patient department and beds for 16 patients can be built. This accommodation suffices for a daily clinic of 200 to 300 patients. Besides these there are travelling hospitals, large tents, with accommodation for 8 to 10 in-patients with attendants.

Four provinces still lack hospitals and they are too poor to provide them for themselves. Two of these provinces should have specially built dahabia hospitals, for the terrain is along the river. When a hospital is provided the Government will maintain it.

The outstanding feature of the clinical report is the note on glaucoma. Glaucoma simplex was found to be present in 2.3 per cent. of the patients seen. The cause of this prevalence is as yet undecided, though it is suggested the anatomical condition of the eye among the Egyptians, with frequently a very small cornea, is the predisposing factor. The figures for the three past years are as follows:

	1912.	1913	1914.
Glaucoma:			
Acute	3	12	17
Subacute	10	17	23
Chronic	829	902	574
Absolute	282	217	1,147
Operations for glaucoma:			
Iridectomy	60	28	25
Trephining with iridectomy	152	317	428

Care has been taken to follow up the cases of trephining to note if there is any danger of intraocular infection through the thin conjunctival covering of the new vent; only one case was found, and that in a boy of ten who had suffered from increased tension in an eye with adherent leucoma; even here there was a history of injury to the eye just preceding the final disorganization of the organ.

In the year 7,784 bacteriological examinations for the diagnosis of acute ophthalmias were made. The gonococcus heads the list with 43.6 per cent.; next come the Koch-Weeks bacillus with 19.5, and the Morax-Axenfeld bacillus with 16.6 per cent. Diphtheria accounts for only 0.96, and the streptococcus for 0.03 per cent. Gonococcal conjunctivitis is rarely accompanied by gonorrhoeal