aid given by the Society in such cases is invaluable. The doctor can claim no damages from the patient in whose service he may be injured, and if he be wise he will secure compensation in the best of all ways—namely, by mutual assurance.

The total payments to members for accidents producing total disablement over a greater or less period of time amount to over £500 a year. The office of the Medical Assurance Society is at 33, Chancery Lane, W.C.

MEMORIAL TO SIR ANDREW CLARK.

Preliminary Meeting under the Presidency of the Duke of Cambridge.—Proposed Form of the Memorial.—Mr. Gladstone's Adhesion.—Public Meeting Arranged.

A MEETING was held at the Horse Guards on January 11th in support of the proposal to create some permanent memorial of the great professional and public services of the late Sir Andrew Clark. The chair was taken by H.R.H. the DUKE OF CAMBRIDGE.

THE DUKE OF CAMBRIDGE, in opening the proceedings, said that while the Royal College of Physicians might wish to have some personal memorial of their late President, probably a portrait, it was generally felt that some public memorial should be created. The London Hospital felt that it had a special interest in any such scheme. Sir Andrew Clark had been long the Senior Physician, and at the time of his death he was Consulting Physician to the hospital. His earliest association with London was through his appointment in 1853 to the post of Curator of the Museum, and thereafter his connection with the hospital had never ceased. The authorities of the hospital therefore felt that they might well take the lead in this matter, though they were anxious that it should not be regarded in any way as a local or special movement, but rather one in which it was desired to enlist the widest public sympathy. The hospital was in great need of isolation wards, and if a block could be erected for this purpose, and called "the Andrew Clark Wing," that would be a valuable addition to the usefulness of the hospital and a worthy memorial.

CANON WILBERFORCE, in moving the first resolution, said that he could speak as a representative of the tens of thousands who owed more to Sir Andrew Clark than it was in his power to express. He felt certain that the project had only to be known to receive wide support from the public. He referred to Sir Andrew Clark's devotion to the interests of his patients, and dwelt on the deep practical interest which he took in the welfare of the London Hospital. He concluded by moving:

That a fund be raised with the object of erecting a memorial to the late Sir Andrew Clark, and that such a fund be devoted to some object at the London Hospital, with which he was closely connected for so many years.

The resolution was seconded by Mr. J. H. BUXTON (Treasurer of the London Hospital), who said that those who like himself were intimately connected with the London Hospital knew best the worth of the work done by Sir Andrew Clark, and were best able to appreciate his many works of self-denial. He was always ready to recognise the advantages he had derived from his connection with the London Hospital, and took a warm interest in the life of the East End.

MR. JONATHAN HUTCHINSON said that the movement had his most hearty sympathy, and that all he knew of his late colleague prompted him to wish it to be a thorough success.

MR. W. RATHBONE, M.P., said that he had been much struck by observing that Sir Andrew Clark dealt not only with the disease, but with the individual character; he would cure disease by curing habits, and by inspiring patients with the desire to work.

The resolution was adopted unanimously.

MR. ERNEST HART, in moving the second resolution appointing a committee, with power to add to its number, to carry out the foregoing resolution, said that he had recently had the most indubitable proof of the very strong feeling which existed throughout the whole medical profession in favour of some important and enduring memorial of Sir Andrew Clark. It had been his lot to receive a considerable number of communications from various parts of the country suggesting

that some memorial should be erected, and after consultation he had taken some preliminary steps to ascertain the extent of this feeling. The form proposed had been a National Clinical Institute, affording facilities for the study of curative methods in medicine, and for making analyses and investigations for diagnostic purposes. The inquiry he had made had elicited the fact that there was a widespread wish within the profession itself to see some memorial to Sir Andrew Clark. He would be able to hand in a list of some hundred and fifty of the most eminent and representative members of the medical profession in every city and university town, and in every great centre in the three kingdoms. He felt that it was undesirable that there should be two different schemes for a memorial, and he desired to express his adhesion to the proposal adopted by the meeting.

The motion was seconded by Mr. CARR GOMM (late Chairman of the House Committee of the London Hospital), who expressed his sincere pleasure at hearing that so strong a feeling in favour of a memorial existed within the medical profession. He thought that the efficiency of the London Hospital would be greatly increased by a reconstruction of the Blizard Wards, by the provision of isolation wards, and by remodelling of the *post-mortem* rooms. An Andrew Clark Wing, embodying these improvements, would be a worthy memorial.

DR. STEPHEN MACKENZIE, speaking as one of the active staff of the hospital, said that when the Committee had been formed an Executive Committee would be chosen, and he felt sure that the fact that their chairman on that occasion had consented to act as the chairman of the Executive Committee would contribute greatly to the success of the movement. A public meeting would be held, as to the date of which it would be necessary to consult the convenience of the Duke of Cambridge and of Mr. Gladstone, who had promised to attend and speak. The proposed new wing was essential to the safe working of the hospital, to the greatest advantage of the patients. From the time he came to London until the day of his death Sir Andrew Clark had been intimately connected with the London Hospital, and it was fitting that his memory should be perpetuated in connection with it.

THE CHIEF RABBI also spoke in support of the motion, referring to Sir Andrew Clark's deep interest in the hospitals of the metropolis, and in all efforts to alleviate the conditions of life in the East End.

A vote of thanks to the Duke of Cambridge for his presence in the chair was unanimously adopted, on the motion of Mr. E. MURRAY INP, seconded by the Rev. J. F. KITTO.

Amongst those who have already joined the General Committee are the Duke of Cambridge (Chairman), the Earl of Idlesleigh, the Earl of Meath, the Bishops of Ripon and of St. Andrews, Cardinal Vaughan, the Chief Rabbi, the Right Hon. John Morley, M.P.; the Right Hon. C. T. Ritchie, the Lord Mayor, the Dean of Westminster, the Dean of St. Paul's, Sir James Paget, Sir T. Fowell Buxton, Sir William Broadbent, Sir W. A. Mackinnon, K.C.B., Director-General A.M.D.; Mr. Herbert Gladstone, M.P.; the President of the Royal College of Surgeons (Mr. J. W. Hulke), Mr. Rathbone, M.P.; Mr. Jonathan Hutchinson, Mr. Ernest Hart, Dr. Thomas Barlow, Mr. T. R. Cobb, M.P., and Dr. Langdon Down.

Mr. Gladstone has promised a subscription of £100. Subscriptions will be received by Mr. J. H. Buxton, Treasurer, or by Mr. C. Q. Roberts, Secretary, at the London Hospital.

AUTOMATIC WRITING.

VII.

By JAMES RORIE, M.D.

An Old Story.—Reflex Cerebral Activities.

I QUITE agree with the explanation given by "Hypnos," of the phenomena so far as I have had an opportunity of considering their latest development. The whole subject, however, appears to me to be merely a revival of the old story of "spirit drawings," etc.,¹ which attracted attention thirty years ago, and which, to my mind, was satisfactorily explained by Drs. Laycock, Carpenter, and J. Hughes Bennett, as illustrations of ideo-motor cerebral reflex activities. These phenomena are very closely allied to the automatic utterances and

¹ *Spirit Drawings*, by W. M. Wilkinson, London, 1864.

writings, sometimes coherent, but at other times utterly incoherent, of the insane. The conclusions I have come to after a careful examination of the whole matter are very much those expressed recently by Mr. S. Laing,² namely, "that there is a good deal of evidence for the reality of very curious phenomena" (included under the terms thought reading, telepathy, psychism, and spiritualism), "but none of any real weight for their being caused by any spiritualistic or supernatural agency." But in so far as concerns the atoms and energies of the inorganic world "we know absolutely nothing of their real essence, and cannot form even a conception of what they are;" so in regard to the above phenomena we can only "trace their laws and manifestations under the conditions in which they are known to us, namely, those of association with matter and motion in the brain. But of their real essence or existence we know nothing, and it is as unscientific to affirm as to deny."

As I have said, these phenomena have been regarded by me for the last thirty years as satisfactorily explicable under the class of reflex-cerebral activities, but last July, in a presidential address which I gave to the Forfarshire Medical Association at Dundee, "On the Importance of the Individuality of the Organic Unit in Health and Disease," I suggested a further development in view of the recent discoveries of the individuality of the nerve cells by Retzius, Ramon y Cajal, etc. (described in *Brain*, Part lxiii), which may be worthy of further consideration, namely, that as the total vitality of the organism represented the aggregate sum of the vitalities of the independent units of which it was composed, so the total mental activity and total consciousness of the individual represented the aggregate mental activities of all the ultimate units, and it will necessarily follow from this view that the amount of conscious, subconscious, or merely automatic activity present at any time, will be equivalent to the total activity of these units for the time being.

THE LOCAL GOVERNMENT (SCOTLAND) BILL, 1894.

I.

A New Departure: Proposed Scheme of the Bill.—Sir George Trevelyan's Communication to the Scottish County Councils.—Conference Convened in Edinburgh.—Our Suggestions as to Public Health Clauses.

SOMETHING of a new departure in legislation is in progress in connection with the Local Government Bill for Scotland, which is to be introduced at the commencement of next session. The Bill, it is understood, will run generally upon parallel lines with the English Parish Councils Bill, but will not be so distinctly a Parish Councils Bill. The Secretary for Scotland, accepting the apothegm that he who wears the shoe knows where it pinches, has with great wisdom invited the Scottish County Councils to furnish him with suggestions for the amendment of the local government system of Scotland as it at present exists. On the initiative of Mr. Renshaw, M.P. for West Renfrewshire, half a dozen gentlemen who are at once members of Parliament and members of county councils, recognising that the immediate result of Sir George Trevelyan's appeal would most probably be the production of an immense mass of incoherent suggestion, have formed themselves into a committee, and have convened a conference, to be held in Edinburgh, of representatives from all the Scottish county councils, to discuss matters submitted to them, and to endeavour to agree upon common representations to be made to the Secretary for Scotland. The agenda paper for this meeting, although yet incomplete, contains no fewer than sixty-two items of various sorts and qualities. Many of them deal with matters of administration and rating, which, although of considerable practical importance, are not of general interest. Certain of the items, however, deal with questions of public health administration, and we propose to refer to some of these very briefly.

Probably, at the instance of Stirlingshire, which has already distinguished itself by a futile crusade on the subject, there appears upon the paper a proposal that counties shall have "full control of their health officers," a euphemistic way of proposing the repeal of the section of the Scottish Local Government

Act which secures all Scottish health officers from arbitrary dismissal. Now, with a great price was this freedom purchased; there is little chance, we believe, that the Edinburgh conference will adopt the proposal, but should that by any possibility occur, it will be our duty to organise an opposition to its further progress, which, with the support of the educated public opinion of the country at our back, cannot fail of success.

Another matter of some importance and difficulty is approached from two sides. There is a proposal, on the one hand, that the relation of county health officers to police burghs shall be more clearly defined—this, in consideration of the fact that while these burghs are assessed in respect of the salaries and outlays of county health officers, nothing is laid down as to the duties of these health officers in respect of such burghs. The other proposal is that all burghs with populations under 7,000 (and there are burghs having the designation "royal" whose populations fall far short of that number) shall form part of the "district of the county;" in other words, that all small towns shall, for public health purposes, be administered in common with the district of the county in which they are situated. The limit of population, 7,000, is the minimum under which the Local Government Act decreed that no town whatever should be permitted to retain a separate police establishment. There is no doubt that the incorporation of such a proposal in the Bill would imply a considerable measure of reform, for these small towns are in the meantime the dark spots in the sanitation of the country.

The question of the relation of the county medical officer to towns larger than these, with populations, say, under 20,000, is one of great difficulty. It would probably serve as a wholesome stimulus if, with some analogy to the case of towns in England with populations under 50,000, the medical officers of such towns were required to send copies of their annual reports to the county medical officer for review and report to the central authority. In these ways a greater degree of solidarity in public health administration over the county would be obtained without unduly trenching on the dignity of the small burghs.

It is proposed to amend and extend the Local Government Act of 1888 in various ways. That Act, illogically enough, left the parochial boards in possession as the local authorities under the Burial Grounds Act and the Vaccination Acts, and left the appointment of registrars in rural districts in the same hands; it is proposed to transfer these powers to the rural sanitary authorities—the district committees of the county council. Another proposition of immense social importance is that for the establishment of "village centres" or "special areas." The village at present lies under many disabilities as compared with the burgh. In the meantime no village can be provided with a public water supply or a main sewerage system without an initial requisition signed by ten inhabitants; now, in the most insanitary villages frequently no such ten inhabitants can be obtained and matters come to a deadlock. There is at present no statutory provision whatever for the scavenging and cleansing of villages, and there is no provision for public lighting. It is now proposed that the county council shall have the power of forming villages into special areas, within which the district committee shall have power, without any initial requisition, but subject to an appeal to the sheriff, to introduce a water supply or a drainage system, to make provision for scavenging and cleansing or for public baths and wash-houses, and if necessary for a system of public lighting. Within these "village centres" the district committee would have power to compel owners to put private streets and courts and also the footways into proper condition. Further, if the suggestions of county councils are accepted, the district committee will have control over all new buildings over the county—so far, at least, as sanitary requirements are concerned.

There are great possibilities in the new Bill; it will be the duty of those interested in public health affairs to see that these possibilities are realised.

THE name of Mr. T. R. Jessop, of Leeds, has been placed upon the Commission of the Peace for the West Riding of Yorkshire.

² *A Modern Zoroastrian*, by S. Laing, 1892.