Professor GRAZZI then proposed that the following telegram should be forwarded to Her Majesty the Queen.

The sixth International Otological Congress which opened in London this day begs, on the proposition of Professor Grazzi of Florence, to offer to your Majesty its respectful congratulations on the completion of the sixty-second year of your Majesty's prosperous reign. From Urban Pritchard, President, Cresswell Baber, Secretary-General.

A reply was subsequently received from Sir Arthur Bigge, in the following terms:

The Queen desires me to convey to the Sixth International Otological Congress the thanks of Her Majesty for the congratulatory message received yesterday.

The Secretary-General announced the attendance of the following delegates from foreign societies: Professor Lucae and Dr. Arthur Hartmann of Berlin from the German Otological Society; Dr. Delavan of New York.

ELECTION OF OFFICERS.

On the motion of Professor POLITZER, seconded by Dr. LUCAE of Berlin, Professor Urban Pritchard was elected President, Mr. Cresswell Baber Secretary-General; Dr. Thomas Barr of Glasgow, Dr. Benni of Warsaw, Dr. Bobone of San Remo, Dr. Hartmann of Berlin, and Dr. Lemoyez of Paris, Secretaries; and Mr. Cumberbatch of London Treasurer. The above to form the Editorial Committee for the Transactions of the Congress.

MEASUREMENT OF HEARING POWER.

At the meeting on Tuesday afternoon, Dr. E. SCHMIEGELOW (Copenhagen) read a paper on a New Method of Measuring the Quantitative Hearing Power by means of Tuning Forks. —Professor G. GRADENIGO (Turin) followed with a paper on the Examination of the Hearing Power, advocating a more uniform notation of the results. —Dr. RICHARD KAYSEN (Breslau) also contributed a paper on Experimental Investigations into the Phenomena of Hearing in Fluid Media.

TUBERCULOSIS OF THE MIDDLE EAR.

Then followed two papers on tuberculosis of middle ear, the first by Dr. O. BRIEGER (Breslau), and the second by Dr. W. MILLIGAN (Manchester) upon the Diagnosis and Treatment of Tuberculous Disease of the Middle Ear and adjoining Mastoid Cells.

CONGENITAL ANOMALIES.

Dr. ARTHUR HARTMANN (Berlin) read a paper on the Absence of the External Auditory Meatus, and related two cases. One was that of a newborn child, and the other was an adult. The specimens, together with models of the external ear, were exhibited, and are to be seen in the museum of the Congress. He related also the case of a patient with acquired occlusion of both external meatuses resulting from scarlet fever. On one side was performed the radical operation with a considerable improvement of the hearing.

Dr. F. ROHRER (Zurich) followed with a paper on the Anomalies of Development of the Auricles in relation to the Mathematical and Physical Conditions of the Folding of the External Ear.

ADENOID VEGETATION.

Dr. T. BOBONE (San Remo) and Dr. ALLEN HAIGHT (Chicago) read papers relating to adenoid vegetations. —On Wednesday afternoon Dr. RUDLOFF (Wiesbaden) read a paper on the Operation for the Removal of Adenoid Growths with the head hanging over the table, while the patient is under the influence of chloroform.

THE MASTOID OPERATION.

The morning session on Wednesday was given up to a discussion on Indications for Opening the Mastoid in Chronic Suppurative Otitis Media. The discussion was opened by Professor KNAFF (New York), Professor LUC (Paris), Professor WILLIAM MACEWEN (Glasgow), and Professor POLITZER (Vienna), and a general discussion followed.

LANTERN DEMONSTRATIONS.

On Wednesday afternoon lantern demonstrations were given.

Dr. ARTHUR HARTMANN (Berlin) gave a demonstration on the Anatomy of the Frontal Sinus. A series of excellent lantern photographs of anatomical preparations were shown, demonstrating variations in the development of the frontal sinus and the anterior ethmoidal cells. Dr. Hartmann

drew attention to the important bearing these variations in the formation of the sinus had upon the operative treatment.

Dr. ALDREN TURNER (London) gave a lantern-slide demonstration on the Course and Connections of the Central Auditory Tract.

Mr. R. JOYCE (Dublin) gave a lantern-slide demonstration on the Topography of the Facial Nerve in its Relation to Mastoid Operations.

Dr. L. KATZ (Berlin) gave a macroscopic and microscopic demonstration of preparations of the Auditory Apparatus.

NOTES ON HEALTH RESORTS.

THE CLIMATIC AND OTHER ADVANTAGES OF JERSEY FOR THE OPEN-AIR TREATMENT OF DISEASE.

By H. NELSON HARDY, F.R.C.S. Edin.

ONE great object of the open-air treatment, on which so much has been written during the last year or two, being the exposure of the patient to the greatest amount of light and sunshine in the open air, it is obvious that a place like Jersey, where bright sunshine abounds more than in any other spot in the British Isles, is a specially suitable place for such treatment. Few will doubt that climate exercises an important influence on phthisis, for instance, though of course it can be treated successfully, as Dr. R. W. Philip, of Edinburgh, has shown¹ both in the Victoria Hospital in that city, at the level of the sea, and at elevations up to 6,000 feet. Nevertheless, as the patient has to be freely exposed to fresh air as far as possible day and night—to be, so to speak, continually bathed in fresh air—it can hardly prove a matter of indifference to him whether the air is cold and foggy or bright and sunshiny.

In the *Medical Magazine* a couple of years ago, I published some tables prepared for me by the Meteorological Department,² showing the average maximum and minimum temperatures in Jersey for a series of years, with the amount of rainfall and of bright sunshine, to the latter of which only I propose to direct attention now.

Table showing the Average Monthly Hours of Bright Sunshine in Jersey for 15 Years as Compared with London.

—	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sep.	Oct.	Nov.	Dec.
Jersey	71.2	95.0	160.2	196.3	249.2	243.1	230.0	241.2	183.4	127.4	70.9	62.6
Greenwich*	30.6	42.7	85.7	89.3	202.7	165.6	138.9	179.9	194.8	55.4	65.2	13.7

* Year 1895.

It will be seen that our coldest and foggiest months in London—December, January, February, and March—are those in which the superiority of Jersey is most plainly shown. It is not necessary for my present purpose to compare these figures with those of places in the South of France or in Egypt, since among the 250,000 consumptives in England there are many thousands to whom it would be useless to recommend a visit to Egypt or the South of France, but for whom a stay in Jersey would be quite practicable. One meets with many such cases in London and all large towns—cases of incipient phthisis in middle-class people, in which, if the patient could be sent away before our fogs and east winds commence, and kept out of town for two or three successive winters, there is every reason to think that the disease might be arrested, as well as cases in a more advanced stage, where hæmoptysis has perhaps occurred, and which are sometimes unfortunately sent out to South Africa to die. Several warnings have appeared in the *BRITISH MEDICAL JOURNAL* lately³ against sending out such cases to the Cape, since the towns on the coast are quite unsuited for them, and if they go up-country the hotel accommodation is defective, and one letter from a medical man even mentions that a poor invalid staying at a hotel was in danger of being starved because he could

¹ *BRITISH MEDICAL JOURNAL*, July 23rd, 1898.

² *Medical Magazine*, September, 1897.

³ *BRITISH MEDICAL JOURNAL*, April 29th, and May 27th, 1899.

not go the *table d'hôte*, and had to bribe natives passing by in the street to purchase food for him at a store. This state of things seemed to me so almost incredible, that I took the opportunity of asking some friends who had lately returned from Natal whether there was not some exaggeration, but was told that the statements made were quite accurate. On this same subject of food and feeding, so important to the invalid, Dr. Gardiner, of Colorado Springs, who read a paper before the American Climatological Association in May last on the Treatment of Consumption by air and light in Colorado,⁴ stated that he had practised medicine on a ranch for several years, and knew something of that kind of life, and he was convinced it was all that a man in good health could do to eat and digest the food furnished in such places. No such danger of starvation or semi-starvation for invalids exists or is likely to exist in Jersey, where, as in all the Channel islands, food is plentiful and cheap, tea, tobacco, and foods of all sorts being almost free from duty, and the hotel-keepers remarkably civil and attentive to strangers.

As man, however, cannot live by bread alone, and as the consumptive is often an individual of very active, perhaps too active, mind, it may be well to mention that there is plenty to interest him or her in Jersey; boating, golf, tennis, coach and carriage drives are available for both sexes. The mere male, if fond of botany, will find among the 900 varieties of flowering plants and ferns many not included in the British flora. If a geologist, he will have an opportunity of examining the syenite and quartz components of the Jersey rocks. Should his tastes be antiquarian, he can study some famous old cromlechs, an ancient fisherman's chapel said to be 1,000 years old, and a mediæval castle of which the foundations were laid, it is believed, in the time of Julius Cæsar. Should he, above all, be interested in studying the condition of his fellow men, he will find in Jersey a hardy seafaring race, and also an industrious and contented peasantry, frugal and laborious like their Norman ancestors, cultivating their fields or ploughing the waves with equal assiduity, speaking their old Norman French, though also for the most part understanding English, and governing themselves by their Parliament or States, while loyally attached to the British Crown.

The two places in Jersey which seem to me specially suitable for trying the open-air treatment are St. Brelade's, a well protected bay on the south-west, and St. Aubin's Bay, on the south of the island. Sanatoria might be erected here if thought necessary, but as there is already excellent hotel accommodation in both places, with an ample verandah at the former place where the patients might lie in the sun inhaling sea air, and in the latter with grounds in which shelters could be erected of wood and glass so as to protect from cold winds and expose to sunshine at the same time, there is nothing to hinder a trial being made without delay. Sanatoria have, of course, advantages for the treatment of phthisical patients, which have been well summed up by Dr. F. R. Walters⁵ in a recent discussion as follows: (1) Every place is not equally suitable for the treatment of phthisis; (2) treatment in the active stages of the disease calls for complete supervision of the hygienic conditions of living; (3) time and money are saved, and better results, he states, are obtained by treating numbers of consumptives in the same place. Sanatorium treatment, he concludes, is the combination of all hygienic and medical means known to be useful under one responsible medical head. The National Hospital at Ventnor, Isle of Wight, is probably one of the best examples in these islands of such a sanatorium, and will well repay a visit, while at the one at Cromer shelters such as I have mentioned have been erected, and are placed in position every morning after the direction of the wind has been ascertained. Even the greatest advocates of sanatoria, however, admit that constant medical supervision is not required if the disease is quiescent and the patient intelligent, and for such cases it will probably be found that the best climate is that which least restricts the daily duration of the patient's stay in the open air, and the best residence one which does not convey the slightest impression of being either a barrack or a prison.

⁴ *New York Medical Record*, May 13th, 1899.

⁵ *Lancet*, May 8th, 1899.

THE BRITISH MEDICAL ASSOCIATION AND THE COLONIAL OFFICE.

DURING the last few months the British Medical Association has had occasion to make representations to the Secretary of State for the Colonies with regard to two matters affecting the welfare of the members of the profession practising in Jamaica and in Southern Rhodesia respectively.

With regard to Jamaica, it will be remembered that a law was passed providing for the notification by medical men practising in Jamaica of cases of infectious diseases under a penalty for default, but without making any provision for payment, or for safeguarding the position of medical men compelled to make such notifications. The injustice of the provisions of this law was immediately brought under the notice of Mr. Secretary Chamberlain, who promptly replied that he had taken action in the matter, and had directed the Government to introduce legislation to meet the objections which had been laid before him by the President of Council (Dr. Saundby) on behalf of the Association. A communication has now been received from the Colonial Office enclosing a copy of the following law which was passed early last month. It will be seen that Section 2 provides for payments of fees for notification on the same scale as is in force in this country.

JAMAICA LAW XIX OF 1899.

A LAW TO AMEND THE INFECTIOUS DISEASES NOTIFICATION LAW, 1898. (July 8th, 1899.)

BE it enacted by the Governor and Legislative Council of Jamaica, as follows:

1. *Short Title and Incorporated with Law 22, 1898.*—This law may be cited as "The Infectious Diseases Notification Amendment Law, 1899," and shall be read as one of with Law 22 of 1898, hereinafter referred to as the Principal Law.

2. *Medical Practitioner's Fee on Certificate.*—The local authority shall pay to every medical practitioner for each certificate duly sent by him in accordance with the Principal Law a fee of two shillings and sixpence if the case occurs in his private practice, and of one shilling if the case occurs in his practice as a District Medical Officer.

3. *Limitation of Action.*—No action shall be brought against any person for anything done in pursuance of or intended execution, of the Principal Law unless the same shall be commenced within three months after the date of the thing complained of.

4. *Notice of Action.*—Notice in writing of any such action, and of the cause thereof, shall be given to the intended defendant one month at least before the commencement of the action.

The other matter is one of more recent date. An article was published in the *BRITISH MEDICAL JOURNAL* of July 15th, stating that a Medical Ordinance had been passed by the Legislative Council of Southern Rhodesia, which contained many provisions of an unsatisfactory character. The matter had been brought to our notice by a representation received from medical men practising in Bulawayo, who, in addition to criticism of the provisions of the ordinance, pointed out that it had been framed and read a second time before its existence became known to the medical profession in Southern Rhodesia. The President of Council (Dr. Saundby) wrote to the Colonial Secretary calling attention to the objections to the Ordinance, stating that a deputation would, if desired, wait upon him to lay the facts before him, and suggesting that Mr. Chamberlain should advise Sir Alfred Milner, the High Commissioner, to withhold his assent to the Ordinance, as, until such assent be given, the Ordinance would not have the effect of law. It will be seen from the following letter that Mr. Chamberlain has at once taken action in the matter, and that Sir Alfred Milner has withheld his assent:

The Under-Secretary of State,
Colonial Office, London, S.W.

Downing Street, August 8th, 1899.

SIR,—I am directed by Mr. Secretary Chamberlain to acknowledge the receipt of your letters of the 17th and 27th ultimo respecting the Medical Ordinance recently passed by the Legislative Council of Southern Rhodesia.

I am to inform you that Mr. Chamberlain is awaiting a report on the subject from the High Commissioner for South Africa, and does not consider that until he has received that report there would be advantage in his making an appointment for an interview with the proposed deputation.

I am to add that Mr. Chamberlain learns that Sir Alfred Milner has withheld his assent to the Ordinance in question.

I am, Sir,
Your obedient servant,
(Signed) FRED GRAHAM.

The President of the Council of the
British Medical Association.