10s. 6d.; and the fee for a *post-mortem* examination, including report to the coroner, being £1 1s., such fee being exclusive of the fees paid, under the Coroners Acts, for giving evidence at the inquest if held.

19. That it shall be illegal for any registrar of deaths to give a book of forms, or a form, of the certificate of stillbirth until he shall have received from the practitioner desiring such book of forms a written request signed by the applicant in the presence of the registrar, and until he shows to such registrar his certificate of registration as granted by the General Medical Council.

20. That it be illegal for any coroner, procurator fiscal, or registrar of deaths to use any form of certificate other than that provided by the Registrar-General's Office.

21. That each registrar of deaths in the United Kingdom shall notify the sanitary authority all particulars required by such authority concerning all the stillbirths registered by him.

22. That it shall be illegal for any person to keep the body of a stillborn child in any dwelling place or in any other place for more than four days, unless by order of the coroner or procurator fiscal.

23. That when a coroner orders an inquest to be held concerning a supposed stillborn child, the jury summoned shall consist of five persons only.

24. That the present law be altered so that the plea of pregnancy, and not the plea of quickening, shall be a valid reason why a pregnant woman shall not, until after she shall be confined, suffer capital punishment.

25. That the criminal law relating to infanticide be amended, so that for the purpose of conviction "complete birth" be not required, but proof only that the child was living during birth, and that it has died from criminal violence inflicted during or after birth.

In connection with this public question, it must always be remembered that in almost all stillborn cases, only those present at the birth can be certain as to whether the stillbirth is due to criminal causes. It is a question of fact only.

It is my earnest wish that the above recommendations be discussed by all the Branches of our Association, and by medical and coroners' societies, and that such send copies of resolutions in favour of registration and inspection of stillbirths to their local members of Parliament. It is only by bringing this important question prominently to the front in these days of pressure of public business that we can expect to secure legislation. I need only refer to the work done by Sir Charles Cameron, M.D., and Sir Walter Foster, M.D., in connection with the Select Committee of the House of Commons on Death Registration to show that we may count upon their continued efforts. In order that any one who wishes to work up this subject may do so, I shall refer such to the following works mentioned beneath. I cannot let this occasion pass without publicly expressing my thanks to those of Her Majesty's Consuls and Ambassadors who have supplied me with facts relating to the laws of foreign countries bearing upon the inspection and registration of stillborn children.

[*The Burial Laws*, by Little (Shaw and Sons); *The Law Relating to the Registration of Births, Deaths, and Marriages*, by W. C. Glen and A. Glen; *Jervis On Coroners*, fifth edition (Sweet and Sons); *Seton's Practical Analysis of the Acts Relating to the Registration of Births, Marriages, and Deaths in Scotland* (Edmonston and Douglas); *Nomenclature of Diseases*, second edition (Royal College of Physicians, London); *Regulations issued by the Registrars-General of England, Scotland, and Ireland to Registrars and Superintendent Registrars of Deaths*; *Official List of the Registrars-General, showing the Occupation of Registrars*; *Stillbirth Interments*, Parliamentary Return No. 352, July, 1891; *Protection of Infant Life*, Parliamentary Report No. 372, July, 1871; *Death Certification*, Parliamentary Report No. 373, September, 1893; *Stillbirths in England and other Countries*, Parliamentary Return No. 279, June, 1893; *Registration of Births and Deaths Act (England)*, 1874; *Registration of Births and Deaths Act (Ireland)*, 1880; an Act to provide for the Better Registration of Births, Deaths, and Marriages (Scotland), 1854.]

GERMAN MEDICAL PRESS ASSOCIATION.—The German Medical Press Association, which came into existence at the meeting of the German Scientists and Physicians, held in Vienna in September, 1894, now includes the editors of all the leading medical journals published in the German language. The object of the Association is to increase the influence of the medical press, and safeguard its interests, and on all occasions to promote its proper representation, especially at congresses and similar meetings. The Association will meet this year in Berlin, under the presidency of Professor Eulenbarg.

THE PROPHYLAXIS OF INFLUENZA.

By J. G. SINCLAIR COGHILL, M.D., F.R.C.P. EDIN.,
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THE annual recrudescence of influenza in epidemic form with more or less virulence renders its prophylaxis a matter of extreme urgency. My experience in this connection has confirmed the opinion that in quinine we have an almost unexceptionable preventive of the scourge. I was first led to the use of this remedy by recalling to memory a passage I had noted some years ago in a very amusing and interesting book by De Windt, entitled *From Peking to Paris*. The author made the observation that the frequent change of encampment of the nomad Tartar tribes of the Central Asian steppes was not so much determined by the necessity for fresh pasture as by the circumstance that, if the encampment were not changed at intervals, influenza attacked them, and developed with increasing intensity until change of location was effected. This, of course, points to a *materies morbi* of telluric origin intensified by what French pathologists term *encomblement*, at first endemic and then epidemic in character. This agrees with the natural history of the epidemics of influenza of recent years. It was called by the Russians the "Chinese Influenza," from its Tartar cradle, and, when passed on its pestilential career to the west, became the "Russian Influenza" to the Germans and other nations of Northern Central Europe.

The following experience will, I think, show that my opinion of the protective properties of quinine in influenza is well founded. On the appearance of the epidemic in October, 1891, I was consulted by the principals of a large educational establishment, mostly patronised by foreign pupils, as to whether I would advise them to close the institution, or could recommend some efficacious preventive. The school consisted of nineteen resident pupils, besides teachers, servants, and day pupils. I advised that every resident inmate of the house should take immediately after breakfast a gr.v pill of sulphate of quinine. This injunction was strictly obeyed during the prevalence of the epidemic, with the result of complete exemption. One of the domestic servants who went to an adjacent town to attend her mother, who died of the epidemic, returned to her duties evidently suffering from it, but did not communicate it to any of the other inmates of the house.

A singular corroboration of this protective potency was afforded more recently in this same institution. All the inmates were put upon the matutinal quinine regimen as formerly, with the exception of one of the principals, who was induced to refrain, from other considerations in connection with her health. The result was that she alone took influenza in a rather severe form, but did not communicate it, not even to her colleague who shared her room throughout, but who was protected by quinine. My own personal experience is further corroborative. In the same epidemic of 1891-2, I similarly placed my whole household, consisting of fourteen persons, on quinine. In consequence of my mind being very much preoccupied with professional and other anxieties, I neglected after a few days to take my breakfast dose of quinine, the result of which was that I contracted the disease from some of my patients, and in a very severe form, with pneumonic consolidations of the right base. My temperature for nearly a week was recorded nightly at 103.8°. I was so gravely ill that my solicitor was sent for, and spent more than an hour at my bedside. He was unable to rise next morning, and the disease spread to his family and servants; they all had severe pulmonary complications, and his wife succumbed. No other member of my family or household was attacked, because, as I am strongly convinced, they were protected by quinine.

I have since seen, in very many instances, further and equally convincing proofs of this prophylaxis. I am further impressed with the fact that the symptoms of influenza more rapidly yield to quinine with salicin if there be muscular or joint pains, or with ammonia in pulmonary complications, with a large administration of old dry champagne, for which indeed there seems to be almost as strong a craving as for air in the agonies of dyspnoea, than to so-called antipyretics, or

The instrument I have suggested is readily introduced behind the soft palate, and, used as I have described, a few rapid and well-directed lateral movements suffice to scrape