There is not in political institutions anything quite analogous to the general meeting of the Association. It is as though the House of Commons as a whole were periodically to encounter the electors in a mass meeting, without any reference to the division into constituencies. Each independent elector would then be free to howl at other people's representatives, and pelt them with rotten eggs. The said elected representatives, at peace with their own constituents, and strong in the possession of their confidence, would receive the assault of other members' constituents with such equanimity as in them lay—perchance "with Olympian indifference." When as a member of the Council it has been my lot at these general meetings to take my share of the rotten eggs, I have been deeply impressed with the ludicrous character of the situation.

The reason of it all is not far to seek. With a membership so great and an area of geographical distribution so wide, it is plainly impossible that any meeting of the general body of members can be truly representative of the Association. As well expect a promiscuous gathering of parliamentary electors in some large town—Bath, Bristol, Carlisle—to be the gauge of the views of the British Islands.

It is true that notice is given of all business that will be brought forward at the meeting, and consequently in theory all members have the opportunity to support their views thereon by voice and vote; but it needs no demonstration to show that this is a purely theoretical safeguard. No meeting of anything like a moiety of the members of the Association ever has been held or ever will be held. Even a fiftieth part would constitute a very large general meeting.¹ Therefore, if the majority is to rule, if the Association is to be protected from the possibility of having its policy placed at the mercy of what must inevitably be more or less a chance vote, it follows that no binding power must attach to the decisions of the general meeting. The ultimate authority must continue to rest with some body composed of direct representatives of the members in general. I have before expressed the opinion that the present mode of government by a Council which is directly elected by the Branches is ideally democratic. A Branch has the power at any time to express its satisfaction or dissatisfaction at the policy pursued by its representative, who holds office only from one annual meeting to the next. If, therefore, any representative is not in harmony with his constituents there will speedily be an opportunity to convince him of this.

Of other subjects which are now engaging the attention of the medical world, first in importance to the Association is the question of medical defence. The expression "medical defence" is used in two senses. First, to signify the defence of individual members of the profession against actual or threatened legal action. This ground is at present covered by that admirable institution, the Medical Defence Union. Secondly, to include "the defence of the profession as an organisation against the aggressions of the laity, against illegal competition by quackery, misuse of titles, tyranny of clubs and medical aid associations; and, generally, the maintenance of the honour and interests of the profession." Part of this work is also already included within the sphere of action of the Medical Defence Union.

This Union discharges its functions of attack and defence in a manner that must command our appreciation and confidence. Within the area of this Branch, indeed, we have had experience of its protective power. In my opinion no mechanism devised in connection with the Association is likely to do better work than the Union now accomplishes, and a more general extension of the membership of the latter throughout the Branches would meet the practical need. If the Association were to undertake the responsibility, it would be desirable to relegate the duties of medical defence to a department which should be as distinct in its working as would be the Union if subsidised by the Association. Beyond the extension of membership that would result, and the greater weight carried by the prestige of the Association, it is not plain that such a department would be more efficient than the Medical Defence Union now is. Indeed, there is much to be said in favour of a society which has no other

¹ At the meeting at Birmingham on July 13th, summoned to consider a scheme fundamentally changing the character of the Association, there were present, exclusive of the Council, some forty-five members!

raison d'être than medical defence. At the same time I should myself be in favour of the principle, as it would tend to develop my ideal of the Association as the one supreme organisation caring for all the needs of the profession.

A word upon one subject more, and I have done. Nursing, whether in the special department of midwifery, or in more general medical work, is one of the stirring topics of the day. You will presently receive the report of the Subcommittee appointed by the Council to consider the Midwives Registration Bill, and I will not anticipate your discussion by any detailed observations. I will only remind you of the proverbial two sides that exist to every question, and point out that on this subject there is a lay side as well as a medical; so that, while taking measures to safeguard our profession from encroachment in a most important section of its work, we may at the same time avoid all semblance of a "trades union" opposition to the more efficient training of women in a department where ignorance is especially disastrous.

In conclusion, I would suggest that the name of our great organisation should be the watchword of the profession. We are too unmindful of "Association." There is amongst us an amount of rivalry and competition, a tendency to underbid and to cut down fees, a readiness to step into each other's shoes at the first opportunity, a too frequent forgetfulness of the golden rule to do to others as we would that they should do to us, which are both unworthy of our profession and also most shortsighted in view of our material advantage. Were we only united amongst ourselves, were we only to hold together as the Association would enable us to do, we should be masters where now we are too often servants; we should in great measure control the conditions of our work; and, presenting to the outside world a united front, should take the position which would be ours as members of a profession at once self-reliant and self-respecting, and mindful of its rights as well as of its responsibilities.

PROFESSOR KITASATO'S ANTICHOLERA SERUM.

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PROFESSOR KITASATO'S report, dated Tokio, December 6th, 1895, has been widely referred to in political journals both vernacular and foreign, with not a few misunderstandings. To correct such mistakes the following brief abstract has been prepared, with the professor's permission, for the benefit of those to whom the original is unintelligible.

The inoculations for obtaining the antitoxic serum were commenced in May, 1895, with cholera bacteria isolated from one of the earliest cases in the last epidemic. At the time the serum treatment was commenced at Hiroo Cholera Hospital (August 6th, 1895) the supply of the serum was therefore very limited, and what was used for injection in the beginning was not all of the desired strength. Nevertheless, some of the animals had already attained quite a considerable degree of immunity, and the efficiency of the serum of such animals is seen in the following experiments:

I.—PRELIMINARY EXPERIMENTS IN THE LABORATORY.

1. Without entering into details of the experiments, it may be stated that for guinea-pigs 0.02 mg. (0.0002 c.cm.) was sufficient to protect against the inoculation of several times the fatal dose of cholera culture—the serum and the virus being injected into the peritoneal cavity simultaneously. The guinea-pigs used in this as well as in all experiments mentioned in the report are those weighing from 200 to 300 g.

2. If the serum is injected subcutaneously, the quantity required to obtain similar results was found to be considerably larger (0.02 c.cm.).

3. To determine the antitoxic property of the serum, using the word antitoxic in the strict sense, experiments were made with the toxin obtained by warming the twenty-day-old cholera bouillon culture for twenty minutes, at the temperature of 55° C. The bouillon culture thus sterilised (the so-called "toxin") was found to be fatal to guinea-pigs in the dose of 1.5 c.cm., when injected into the peritoneal cavity.

The antitoxic serum was found to neutralise the effect of 2.0 c.cm. of sterilised bouillon, when injected simultaneously into the peritoneal cavity in the dose of 0.2 c.cm.

Experiments for ascertaining the curative action of the serum were carried on in this wise: A number of guinea-pigs were inoculated with several times the fatal dose of the virus, so that the untreated animals died within twenty hours after such inoculation. At the expiration of each successive hour injections were made in some of the animals, and it was shown that those treated not later than seven hours after the inoculation of the virus were cured, while those in which the injections were made after the lapse of seven hours could not be saved by the serum. In other words, if injected during the first third of the entire course of the disease (thus experimentally produced) the serum can be considered curative.

II.—CASES OF CHOLERA TREATED WITH ANTICHOLOERA SERUM.

(A) 270 cases were admitted into the Hiroo Hospital, Tokio, from August 6th to November 10th, 1895. Of these cases 138 died. Rate of mortality 51.1 per cent.

Anticholera serum was employed in 193 cases only, owing to the fact that the supply of serum was inadequate to allow it to be used in all cases.

The rate of mortality among Japanese in nearly all the previous epidemics, as well as that of the last epidemic, has always been about 70 per cent. Without claiming to draw, from a number relatively so small, the final conclusion that the serum treatment was attended with the reduction of 20 per cent. in the mortality statistics, it is evident at least that the result of the new therapy was not an unfavourable one. Moreover, there is reason to believe that with a sufficient supply of very efficient serum the rate of mortality can still be lowered.

(B) Subsidiary results of serum injections are similar to those of diphtheria antitoxin: 1. Urticaria (very common). 2. Arthralgia (only observed in 18 cases). 3. Myalgia (only observed in 6 cases).

(C) Obviously there must be difference in the prognosis of each case according to the time which elapsed before the patient came under treatment. Such analysis is given in the following table:

Number of Hours from the Invasion till First Injection.	Cases.	Deaths.	Percentage.
Less than 8 hours...	12	0	0
8 to 12 hours ...	18	4	22.2
12 to 24 „ ...	53	17	32.1
24 to 48 „ ...	63	25	39.7
48 to 72 „ ...	31	12	38.7
Over 72 „ ...	16	5	31.1

(D) Three cases of cholera were observed in children under 2 years of age.

Bacteriological examination, microscopic as well as cultural, was made in every case.

A RAPID AND CONVENIENT METHOD OF PREPARING MALARIAL BLOOD FILMS.

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THE following method of preparing films of malarial blood will be appreciated by those who have practical experience of the ordinary methods of making cover-glass films. Besides ease and rapidity, the method has other and obvious advantages.

A nurse is instructed to cleanse with spirits of wine or ether as many microscope slips as are likely to be required, and to place them, arranged in one or more rows, on a table near the patient. Three or four oblong slips of very fine clean tissue paper, $1\frac{1}{2}$ by $\frac{1}{8}$ inch, are also prepared. The

patient's finger is cleansed, and pricked in the usual way. A droplet of blood, about $\frac{1}{16}$ inch in diameter, is then expressed from the puncture and taken up by touching it with one of the papers, the blood being applied about $\frac{1}{2}$ inch from the end of the paper. The charged surface of the paper is then placed upon a glass slip rather towards one end. In a second or two the blood will have run out in a thin film between paper and slip. When this has taken place—not before—the paper is drawn along the surface of the glass. The same paper, without recharging, is placed in a similar way on a second slip, on a third, on a fourth, and so on. When exhausted, the paper is recharged from the finger as many times as may be found necessary. In this way 50 or 100 exquisitely fine films may be prepared in five or six minutes. Labels are then attached, and the slides stored away to await convenience. Before proceeding to stain, the blood is fixed by dropping a little absolute alcohol on the films. The slides are then dried, and stained with the borax (5 per cent.), methylene blue ($\frac{1}{2}$ per cent.), a few drops of the solution being applied for about half a minute. After washing and drying, cover glasses with zylol balsam are applied. The result is excellent.

If one wishes to search for crescents, a good plan is to make the films fairly thick, to fix with alcohol, and then to wash out the hæmoglobin with very weak acetic acid—2 or 3 drops to the ounce of water. The now colourless film is again washed, stained with methylene blue, and mounted in zylol balsam in the usual way. The field not being obscured by blood corpuscles, the large amount of blood which this method of preparation enables us to pass rapidly in review greatly favours the quick finding of any crescents that may be present.

The same method of preparing blood films is equally applicable for the demonstration of other blood parasites.

A CASE OF ARREST OF THE HEART'S ACTION AND OF RESPIRATION DURING CHLOROFORM ANÆSTHESIA: BLEEDING FROM INTERNAL JUGULAR VEIN: RECOVERY.

BY
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MR. S., aged 17, was sent to one of us (H. F. W.) by Dr. Denton, of Brixton, on December 4th, 1895, suffering from tuberculous disease of the glands of the right side of the neck. Several glands extending from above the angle of the jaw towards the sterno-clavicular articulation were felt to be much enlarged, and were described as having increased considerably in size during the past few weeks. On December 7th the patient consulted Dr. Douglas Powell, who examined the heart and lungs carefully, pronounced them normal, and recommended the immediate removal of the affected glands. In this opinion Dr. Denton entirely concurred.

The operation was therefore undertaken on December 15th, with the assistance of Dr. Denton. Chloroform was administered on a Skinner's mask by one of us (C. G.). Chloroform was selected for several reasons: (1) The patient was a youth 17 years of age, and we had it on the high authority of Dr. Douglas Powell that his heart was healthy; (2) the glands formed a projection near the angle of the jaw, and therefore an ether mask was considered undesirable on the chance of septic contamination of the wound; (3) there were present marked postnasal vegetations (adenoids), congestion of the pharyngeal mucosa, and thickening of the mucosa covering the turbinated bones. It was anticipated that the irritating vapour of ether would cause a further temporary increase in size of these swollen structures, and that this, aided by the necessarily increased secretion of mucus, would seriously embarrass respiration. Obvious objections to the administration of ether presented themselves, whilst, on the contrary, we saw no contra-indication to chloroform anæsthesia.