belongs to the Waifs and Strays Society, is staffed by the orthopaedic department of St. Thomas's Hospital and Dr. T. M. Hardy of Byfleet, who is the local medical officer. Members were shown round the hospital and visited the open-air wards, after which a clinical demonstration was given. A number of patients was exhibited, including a group of eight cases of pseudo-coxalgia with serial radiograms showing the various changes over a three-year period, and for comparison two patients with flattening of the head of the femur and cavitation of the neck. An informal discussion was kept up during the demonstration.

A MEDICAL REVIEW OF SOVIET RUSSIA.*

IV.—CHANGE IN TYPE AND INCIDENCE OF DISEASE.

BY

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PART II (continued).

GYNÆCOLOGY AND OBSTETRICS.

Amenorrhoea.

AMENORRHOEA has been one of the chief gynaecological conditions arising from the famine. It was present in more than 50 per cent. of women and often persisted in many after a return to normal nutrition. There were no disagreeable symptoms, and many stated that they felt better when they were not menstruating. Chalator and others stated that the amenorrhoea acted as a compensatory factor; that those in whom it was present were in better health and had a higher percentage of haemoglobin than those menstruating; and that it occurred oftener in single than in married women.¹

Sterility.

Sterility was not affected as far as could be ascertained. The sexual libido was markedly decreased and impotentia increased as a result of the hunger, lowered metabolism, and distraction of attention. There was a relaxation of the sphincters, particularly of the bladder. Dysmenorrhoea and metrorrhagia were not affected; menorrhagia was decreased.

Abortion.

The subject of abortion is so important that some detailed statistics will be given to illustrate the effect of the legalizing of abortions. Leaving aside the moral considerations, a seeming benefit is that more people would seek reputable physicians, and that there would be fewer infections. Would this be offset by the increase in undesirable pregnancies?

The former penalty for illegal abortion was exile of the mother and doctor to Siberia. Now the law requires that practically anyone applying can have it done, but that it must be done by a licensed physician in a public hospital. It is now illegal when performed by a midwife. It is done without fee if there is a medical certificate from the family physician showing some physical indication, or if there is a certificate from the *Narkomzdrav* committee (composed of a communal doctor and workmen) saying that there is a social or financial reason. If the patient does not bring one of these certificates a fee may be accepted by the surgeon. In Moscow there are special hospitals for doing abortions, but in Leningrad they may be done in any hospital.

There has been a rapid and continual increase in abortions in all the hospitals of Leningrad in which statistics were kept. The lack of moral and legal restraint does not account entirely for these increased figures because formerly

none of the abortions were registered except those done for medical indications.

TABLE III.—Abortions: State Clinical and Obstetrical Hospital, Leningrad.

Authority.	Year.	Abortions.	Ratio of Abortions to Admissions.	Mortality.
Gugenberger ...	1883-93	21	2.6%	0.0%
Viridarsky ...	1883-93	150	2.6%	0.8%
Chapin ...	1897-97	185	3.69%	0.0%
Jakovzev ...	1904-07	1,089	11.8%	1.0%
Publichenko ...	1907-13	3,674	—	0.9%
Gépner ...	1912-22	4,338	22.5%	—
	1922	—	28.6%	—
	1923 (first half)	—	42.0%	18.0%

In another of the large city hospitals (Erisman) 60 per cent. of all pregnant cases entering the hospital in the first five months of 1923 came to abortion. The *Statburo* gives 6,000 as the official number of abortions done in Leningrad in 1924; in 1925 there were 11,897, in 60 per cent. of which the women were between 20 and 30 years of age. (*Krasnaya Gazeta*, April 9th, 1926.)

In spite of the facilities afforded the public in these hospitals many women continue to go to midwives, I am told, because they fear the publicity of the hospital; in fact, most of the cases that enter the hospitals enter as incomplete abortions. The Gubzdrav figures show that abortions have increased sixfold during the past four or five years.

It is impossible to say what percentage of the cases are unmarried. In the first place, a woman may now register in her maiden name; and in the second place it appears that some are married just before entering the hospital, and, owing to the freedom of the present laws, divorced when they leave. However, during the past three years both marriage and divorce laws have been more stringent. But it is stated that pregnancy in young girls has greatly increased, and that special wards have had to be opened for this group of patients.*

Dr. A. Genss, head of the department for mother and child welfare for Russia, in his book on abortions in Russia (Moscow, 1926), advances arguments for the legalizing of abortions. The system of permitting abortions in Russia succeeds, he says, better than that of forbidding them prevalent in other countries, and gives a comparison with Germany in 1924.

	Germany.	Russia.
Total number of abortions ...	600,000	150,000
Illnesses from abortion ...	78,000	3,000
Deaths from abortion ...	7,000	1,000
Sepsis from abortion ...	10 per cent.*	4 per cent.†
Imprisonments (abortions) ...	5,000	None
	* Berlin.	† Leningrad.

He gives as the number of abortions in New York in 1924, 130,000; in Paris, 50,000; in Berlin, 23,000; in Moscow, 8,000. The figures for Moscow in 1923 were 7,900, and for 1922 4,000, showing an increase for 1924, as do also the data for Leningrad. The proportion of illegitimate births in Leningrad for 1910-12 was 16 per cent.; in 1922, 14 per cent.; and in 1925, 17 per cent.

What has been the cause of this increase in immorality? Has it been due to a moral decay following the war and crisis through which Russia has passed, the breaking up of the home, the loosening of the hold of the Church, the utter dissolution through which everything has passed, or to the results of any specific teachings of the present régime?

Although there may have been cases where children have been wrongly instructed, I do not believe that most of the

* Previous papers on medical and scientific work in Soviet Russia by Dr. Horsley Gantt were published in the *BRITISH MEDICAL JOURNAL* in 1924: I, A Review of Medical Education in Soviet Russia, vol. i, p. 1055; II, Hospitals and Health Conditions, vol. ii, p. 336; III, Scientific Work, vol. ii, p. 533. The first part of section IV, on "Change in type and incidence of disease," was published on August 14th last, p. 303; Part II of this section was commenced last week (p. 747) and is concluded in this issue.

* More than 50 per cent. of the cases in one of the largest obstetrical hospitals entered as incomplete abortions in 1923, and 18 per cent. of these were infected; 0.5 per cent. entered with perforations, and in all the obstetrical hospitals of Leningrad 0.45 per cent. of the cases entered with perforations. These perforations occur in those who attempted to abort themselves. According to Professor Stroganoff there were ten times as many infections in the aborted cases as in the normal deliveries.

immorality has been due to this, nor do I believe, as I have been told, that it is a result of teaching youths in the primary and grammar schools the anatomy and physiology of reproduction. It has probably been a result of all the factors mentioned in the preceding paragraph. There have been also many more real indications, such as tuberculosis and malnutrition; nephritis and cardiac diseases have not changed in frequency. A prominent obstetrician attributes it to (1) poverty, tuberculosis, malaria, and anaemia; (2) spread of atheism; (3) absence of shame on account of the legalization. He says that the number of people who attempt abortion without a doctor has not diminished.

There has been a great increase in the number of tubal pregnancies all over Russia in the past few years. This was at first attributed to the increase in abortions and the use of iodine in the uterus. However, as the increase has also been noted in the villages and country where abortions and iodine are not in vogue, this reason has to be discarded. Fewer cases of puerperal fever have occurred since 1918-19.

The percentage of eclampsia in pregnancy has not changed in the past eight years from its normal of 0.2. Its mortality in some of the hospitals has been 14 to 16 per cent. (Marinsky), but in the State Obstetrical Hospital where Professor Stroganoff works it has been kept down to about 1 per cent. Stroganoff's technique consists in keeping the patient in a dark room, and the careful administration of chloral hydrate and morphine at regular intervals. It has been described in the *BRITISH MEDICAL JOURNAL* (July 12th, 1924, p. 53).

SURGICAL DISEASES.

The first important surgical conference in Russia after the war took place in Leningrad in September, 1922. Papers were read by the eminent surgeons Wreden, Federov, Grekoff, Spaskokutsky, and others. Some of these have been made use of in the following account.

Class of Patients.—The hard conditions of living affected mostly the city dwellers and the intellectual classes, and the great increase in surgical patients came from these groups. The lack of leisure and rest, the disorganization of nutrition, the physical and nervous exhaustion, were expressed surgically by a complete loss of resistance to infection. In these severe circumstances surgical diseases assumed quite a new character. Ordinarily trivial complaints became chronic and serious, and diseases formerly rare appeared suddenly as epidemics. For example, there was an epidemic of purulent infections, of hernias, abdominal ptoses, varicose, peptic ulcers, flat-foot, and necroses. On the other hand, the hospital register showed a decrease of cancer, erysipelas, and acute peritonitis, and a marked decrease of all kinds of appendicitis. The decrease in the first three diseases mentioned was probably only apparent, as during the bad conditions these patients died off too rapidly to reach the hospitals. The opinion is, however, that appendicitis underwent an absolute great decrease. The lack of abundant food may have played a part in this decrease.

Cachexia.—Beginning with 1917 there was an unexplainable and rapid emaciation, especially in the educated classes, which suggested a developing cancer or diabetes. Later appeared hunger oedema, which passed into a peculiar state of cachexia with atrophy of the tissues. Premature senility occurred in numbers of the young and the middle-aged, and it was accompanied by an enormous increase of the senile diseases—arterio-sclerosis, angina pectoris, apoplexy, gangrene of the extremities, etc. Grekoff says:

"The course of ordinary surgical diseases became so unusual that a surgeon of the old school, having been out of Russia, would be puzzled and have to learn anew, and to change radically the routine, methods of treatment, indications for operation, and his point of view of surgical pathology."

Normal Patients.—In spite of the conditions it was noticed that there was a small contingent of "normal" patients, who were well nourished and endured happily the most complicated operations, and whose wounds healed normally. These were usually peasants from villages which had not been affected by famine.

Cause and Variety of Infections.—The enormous increase of surgical infections can be attributed to two main factors: first, the abundance of dirt in the hospitals and the lack of means of cleanliness of the patient and of disinfection (soap, hot water, etc.); secondly, the lowered resistance of the patient. In such an environment the most virulent infections resulted from the most trivial circumstances, such as slight scratches, hangnails, burns, stitches, chilblains, corns, lice, and insect bites. Cutaneous infections were also greatly increased (scabies, eczema, skin necroses, ulcers, furuncles, and carbuncles). There was an increased tendency to bedsores owing to the general emaciation. Dr. Grekoff states that he saw more paronychia in 1917-18 than in several decades of his preceding surgical practice. Dry gangrene of the finger-tips was not rare. Purulent tendo-vaginitis took a severe course and had a tendency to become an intramuscular phlegmon, and to be accompanied by extensive necrosis of subcutaneous tissue, skin, tendons, and muscles. These infections were said to be made worse by incisions, as an extensive necrosis spread rapidly from the wound edges to healthy skin areas; sacrifice of the entire limb was usually necessary to prevent death from sepsis.

Other Rare Infections.—Various affections of the vascular and lymphatic systems were seen in increasing numbers. The increase in arterio-sclerosis will be described under "Internal Diseases." There were more varicosities (resulting from the continual standing in line for food), thrombophlebitis, lymphangitis, lymphadenitis. The latter appeared almost as an epidemic; sometimes symmetrical glands were affected, and the surgeons became acquainted with glands the location of which was formerly unknown except to anatomists. Other rare infections which became common were: thyroiditis (purulent), idiopathic purulent parotitis, Mikulicz's disease (seven cases at the Obookoff Hospital in three years, against two for several preceding decades), purulent otitis, purulent perichondritis, inguinal buboes. Gangrene was frequent—not only on the tips of the extremities following typhus, but, without apparent cause except undernutrition, on the tip of the nose, the external ears, the laryngeal and costal cartilages, and in the lungs.

Orthopaedic.—Grekoff reports three cases in which he observed absorption of bone (caused by famine?). Corns and callous formations were greatly increased, as were also hydromas on the forearms. *Pes planus* was much more common than formerly. The fact that no great addition of surgical tuberculosis was noted may have been due to the rapid dying off of all tuberculous patients.

Hernias and Prolapses.—Hernias, prolapses, and abdominal ptoses were enormously increased, as a result of the hard physical labour, the loss of fat, and the weakening of muscles and aponeuroses. Every variety of hernia occurred in the young which was ordinarily found only in the aged, and the majority of all surgical patients, regardless of the chief ailment, had one or more hernias (Grekoff, Shamoff).^{*} Strangulation of hernias was frequently brought about by the great increase in coprostasis and meteorism, and operations could rarely be performed on account of the condition of the patient. Although the frequency of haemorrhoids was lessened, the number of cases of prolapsed haemorrhoids was relatively increased. Prolapse of the rectum and uterus was common.

Digestive Organs.

Maxillary osteomyelitis took a more severe turn than usual, and was not infrequently accompanied by fatal Ludwig's angina. Most of the digestive neuroses were greatly increased, such as spasmodic oesophageal stenosis simulating cancerous stenosis (the cancerous form being rare during these years), pylorospasms, cardialgia.

Gastric and Duodenal Ulcers.

Gastric and duodenal ulcers have been among the most striking and persistent of the surgical diseases. They were most prevalent in 1920-22, when a conservative estimate was that they were six times more frequent than before the war. At the present time (1926) they are said to be about twice as common as in the pre-war period (Bush and

^{*} A case with seven hernias was reported from the Obookoff Hospital.

Wreden). The greatest increase came about one or two years after the worst years, suggesting that this time was required for the development of the ulcer to the point of producing critical symptoms; a good many of the patients referred the beginning of their symptoms to 1918-19.

Two main factors have been mentioned to account for the increase: first, the rough, indigestible, and irritating character of the food (as described above); and secondly, the neuropathic experiences through which the population passed. This nervous influence, according to Grekoff and some others, exerted the greatest etiological force. In the first place, the ulcers occurred at about the same time that the neuroses occurred in greatest number; and secondly, ulcers often were noted from those villages where there was no acute famine, and in patients who were better nourished than the average. Patients with ulcer often showed marked neurasthenic symptoms, and gave in their history neurotic traumata, such as destruction of property, loss of kinsmen, etc. (Grekoff). Besides the general nervous influence, it has been suggested that there is a direct nervous or trophic disturbance due to the irritation of the sympathetic nerve in the case of duodenal ulcer, and of the vagus in the case of gastric ulcer. Spaskokutsky and Kraus of Saratov, however, have done experimental work during the last three years showing that mechanical injury produces ulcer (personal communication). Probably both the nervous and mechanical factors played a part.

Treatment.

Dietetic treatment was out of the question, and therefore the only relief for these patients was surgical. Gastro-enterostomy performed during this period often resulted in a jejunal ulcer or an enlargement of the original ulcer, and some form of pyloroplasty was found to be most efficacious.

Experimental Gastro-enterostomy.—Recently gastro-enterostomy experiments have been performed in Professor Pavlov's laboratory by Fursikov and Brestkin. The miniature stomach of Pavlov was made in three healthy dogs, and the juice found to be normal. Three months later gastro-enterostomy was performed, after which the acidity was markedly higher and remained high for three or four months. Then a second operation was done to break the gastro-enterostomy. In a short while the acidity in all three dogs returned to normal, and the unfavourable symptoms which had been noted when the gastro-enterostomy was present disappeared. (Personal communication of this unpublished work by the courtesy of Dr. Fursikov.)*

Dilatation and Obstructions.—The impaired nutrition and lack of neuro-muscular tone increased the frequency of acute dilatation of the stomach, and of intestinal obstructions (chiefly dynamic, though also mechanical). Impaction of faeces due to weak peristalsis was often a cause of obstruction. Ulcerative colitis and perityphlitis occurred. Infiltrations formerly easily dissolved became indolent.

Prognosis.

Owing to the reduction of the materials and of the staff, as well as the inability of the patients to endure operation, only the most urgent cases were attempted. If the patient did not die on the table he usually succumbed to post-operative pneumonia, heart failure, or sepsis. Surgical wounds required weeks and months to heal instead of days. It was the rule for them to become oedematous or infected, and the starting point of an extensive necrosis or gangrene, or to come apart on the slightest exertion. The cold of the operating room appeared not to be as dangerous as supposed. Grekoff states that he performed gastro-enterostomies when the temperature of the room was only 6° C., and that he never noticed shock or other complications although the intestines became rapidly cold.

Amputations.

The following table from the Obokoff Hospital shows the decrease in the total number of operations, a parallel

decrease in operations for a comparatively trivial ailment like hernia (although the number of hernias entering the hospital was greatly increased), and the increase in the percentage of amputations which had to be done to save the patient from death from a spreading infection.

TABLE IV.

	1913.	1918.	1919.
Total number of operations	2,085	987	491
Percentage of surgical patients operated on for hernia	7.2	3.7	6.2
Amputations (percentage of total number of operations)	2.5	5.0	12.0
Amputations (percentage of total number of all hospital patients)	0.5	1.3	2.0

Mortality.

The increase in mortality of surgical diseases is shown in the following table.

TABLE V.

	1913.	1914.	1917.	1918.	1919.
Mortality (per cent.) of:					
Surgical patients	3.8	—	7.9	11.1	13.0
Furunculosis... ..	—	4.0	7.0	29.8	—
Phlegmonous infections... ..	—	4.6	6.6	21.6	—
Ulcers	—	0.6	6.5	33.5	—
Gangrene	—	17.8	32.5	23.2	—

The figures for surgical patients are those of Professor Maniloff; the others are from Professor Ponomareff. The decrease in the mortality of gangrene for 1918 resulted from the increase in the number of amputations.

Dr. N. S. Zvonitsky of the Narkomzdrav tells me that the deaths from cancer have increased from an average of about 90 per 100,000 population before the war to about 103 in 1919-24 in Leningrad, as compared with an increase in London from 85 in 1890-1910 to 94 in 1910-20; and with an increase in Berlin from 69 in 1881-85 to 153 in 1916-20.

Nerve Section for Trophic Ulcers and Cancer.

I obtained from Dr. R. R. Wreden, one of the leading Russian surgeons, the following account of the method of treating ulcer and cancer by the resection of nerves.

Ulcers.—Trophic ulcers have been greatly benefited by the cutting of the nerve which supplies the region of the ulcer, according to the method of Dr. Molotkov of Leningrad, the originator of this procedure. The nerve is cut across and the cut ends are immediately sutured. This is supposed to arrest the altered metabolism or inflammation in the nerve which is believed to be causing the ulcer. The pronounced hyperaemia of the region which follows may have something to do with the healing; the temperature is higher by 1½ to 2½° C. One of the cases in which remarkable recovery ensued was an ulcer over the tendo Achillis, 2 cm. in diameter, which had lasted fourteen months, and which had resulted from the entangling of the sural nerve in a callous formation following the fracture of both bones of the lower leg. The ulcer failed to granulate under any form of treatment. After section of the sural nerve the ulcer disappeared in fourteen days, and did not recur. Another was a case of tuberculosis of the bones of the arch of the foot with a painful fistula opening on the sole. The fistula, which had lasted for two years, healed completely in about two weeks after the section of the tibial nerve. Many similar cases have been reported.

Cancer.—Molotkov treats cancer also as a trophic ulcer, but the results have not been nearly so successful. Professors Wreden, Grekoff, and Bush have all tried the Molotkov method of nerve section and suturing in many cancers, but they inform me that only two of a large series have shown good results. In the following cases the carcinoma was demonstrated by microscopic section, and a complete disappearance ensued upon the nerve cutting.

* Dr. J. S. Horsley has suggested to me that inasmuch as these experiments were done on normal dogs they cannot be compared too closely with operations on the patient, who is not normal.

One was in a physician who had a carcinoma on the index finger and an ulcer on the fourth finger of the same hand. A year ago Dr. Molotkov had cut the median nerve; fourteen days later the ulcer and the cancer disappeared, and have not returned. In the other successful case—a carcinoma of the upper lip—Dr. Grekoff cut the second branch of the trigeminal nerve close to the exit from the skull. The growth went away during the course of the following month, and has not reappeared; at the time of writing this the patient has been under observation at the Obokoff Hospital for sixteen months.

These two cases have given the method a wide publicity both in Russia and abroad, but the surgeons of Leningrad do not look upon it altogether with favour except for trophic ulcers. Professor Pavlov told me that he considered the method entirely in the experimental stage.

ANTHROPOLOGICAL CHANGES.

Anthropologists state that starvation is an important factor in causing degeneration. The prolonged famine and food shortage in Russia caused the following anthropological changes: a decrease in average height, and weight (up to 40 per cent.); a decrease in all dimensions of the head; a change in the facial and cranial indices; a decrease in the circumference of the chest; a decrease in Pignet's vital index. A. A. Ivanovsky, in an examination of 1,139 people, found that the skull is now longer in the antero-posterior diameter than formerly, the arms are longer, the face longer, the nose narrower, and the lips thinner. These are supposed to be a return toward the features of our primitive ancestors. Shefko reports that the number of stillbirths and monsters has increased. In an examination of a hundred skulls he found that the volume is smaller as a result of the famine, and he confirms the other findings of Ivanovsky. M. Spirtov, of the Academy of Science, Leningrad, tells me that the tissues which arise from the mesoderm in the embryo especially have shown faulty development. Ivanovsky claims that these anthropological changes will be present in the offspring as mutations and regressions, but Vishnevsky and Nikolov contend that these alterations are already showing a tendency to disappear.*

CONCLUSIONS.

This review, besides recording the effects of fighting and famine on specific diseases in Russia, shows that the record of war is written as indelibly in health statistics as in battle fatalities in regard to both present and after effects. This has been seen in most of the combatant nations of Europe, but particularly in Poland and Russia, and even in such an ordinarily well ordered country as Germany.

While most of the modifications in disease can be blamed on the war and revolution (typhus, malaria, etc.), there are some which have resulted from governmental policies—such as the disappearance of alcoholism up to 1922, changes in the incidence of abortions, and decrease of infantile mortality and of typhoid fever. The public health department is making commendable and strenuous efforts, as described in another paper, but it may find that fallen houses, grass-grown streets, and musty factories are easier to repair than diseased and crippled bodies. One must remember that the present health is more a legacy of the past (war, revolution, famine, and ignorance) than a result of present policies. If allowance can be made for the backward state of Russia before the revolution, and for the terribly disastrous events of the wars, it will be interesting to see in the future what will be the health of a nation under this new form of government,† and to judge by the morbidity rates whether the living conditions of the masses will have bettered. From the progress already made in public health work it is likely that Russian health conditions will be better in the future.

REFERENCE.

* Chalotav, S. S.: *Textbook of Pathology*, Leningrad, 1925.

* I am indebted to Dr. M. Spirtov for bringing to my notice some of the above anthropological facts.

† One cannot, of course, take morbidity and mortality rates as an exact criterion of the worth of the abstract principles of the ruling party of a nation because these principles may be strictly followed by only a small percentage of the people.

England and Wales.

HALIFAX INFIRMARY.

SIR BERKELEY MOYNIHAN, President of the Royal College of Surgeons of England, opened on October 20th a new operating theatre block at the Royal Halifax Infirmary. The erection and equipment of this extension has been made possible by a gift of £5,000 from Mr. Samuel Watkinson in memory of his parents and other relatives. The new theatre, with separate rooms for sterilizing, washing, and instruments, has been built as a complete unit independent of the existing theatre, with which, however, it is connected. The entrance lobby has an anaesthetizing room on one side, and on the other a recovery room fitted with a large cupboard for the provision of warm blankets to patients immediately after an operation. The theatre is lofty and well lit on its northern side by a studio window, with double glass to prevent condensation; a dark blind between two windows facilitates special eye and throat work. The walls of the theatre and its subsidiary rooms are covered with large vitrolite sheets, highly glazed, easily washed, and acid-proof. They are devoid of any fittings, such adjuncts as sinks, radiators, and towel rails being placed in the adjoining sink and washing room, following the practice in many new hospitals. Arrangements are made to control the heating and ventilation, air filters being provided for the removal of fog impurities, while the ventilation ensures a complete change of air every twelve to fifteen minutes without draught. The temperature is controlled by thermostats and pneumatic pressure operating steam valves. The sterilizing apparatus has a special ventilating plant to prevent free steam escaping into the general atmosphere, and the large sterilizer is hydraulically operated. The artificial lighting is provided by four ceiling lights and a central adjustable swing lamp, the light of which is controlled by numerous mirrors so as to abolish shadows. It is believed that these arrangements represent the last word in efficiency at the present time. The old theatre was constructed about thirty years ago. Sir Berkeley Moynihan, in his address, referred to the great traditions of the Royal Halifax Infirmary, and sketched the surprisingly swift advance of surgery during the last fifty years. He remarked that the longest journey the surgeon had ever taken was the little inch of space between the skin and the heart, which had occupied over thirty centuries. Cardiac and abdominal surgery was almost inconceivable fifty years ago. The credit for this advance must be attributed in large measure to the brilliant work of Lister, who was the greatest material benefactor the world had ever known. Surgical theatres and schools of medicine corresponded to the temples of ancient days, in which the physical and spiritual welfare were furthered simultaneously. The theatre was no longer a place of suffering, but rather a temple of science, and in it devotion, reverence, and compassion were exercised by men who felt themselves to be high priests in the service of humanity.

A YORKSHIRE BENEVOLENT SOCIETY.

The eighteenth annual meeting of the Medical Benevolent Society for the North and East Ridings of Yorkshire and the City of York was held at York on September 25th. The reports of the secretary and the treasurer were adopted. The financial statement showed that there was a satisfactory balance in hand, and the trustees were directed to make a further investment from the funds of the society. The objects of the society are to give assistance to its members or their families where it may be needed owing to illness or other disability or death. It is felt that the work of the society is not sufficiently known amongst the profession, and steps are being taken to bring its claims before all practitioners in its district; it is hoped there will be an increase of the support it receives. The honorary secretary is Dr. Henry J. Mackenzie (254, Bishopthorpe Road, York).

LONDON HOSPITAL OLD STUDENTS' DINNER.

The annual dinner of the London Hospital was held at the Trocadero Restaurant on October 21st. Dr. Russell Andrews was in the chair, and 225 old students of the hospital