

francs on an average for every patient in receipt of medical relief. In 11 departments, out of the sum spent on each individual in receipt of poor relief, the medical attendant receives as his fees an average of 5 francs, or 4s.; in 22 departments he receives from 7 to 8 francs, in 11 departments from 8 to 10 francs, and in 12 departments from 11 to 13 francs. Out of the 54 departments that have supplied statistics 40 have adopted the principle of the free choice of medical adviser.

The chief objection alleged against this method is its greater expense. The poor, it is said, will naturally select the practitioner who treats them with the greatest kindness, and is easily induced to prescribe agreeable stimulants and restoratives; that therefore the bill for drugs and for relief in kind will be augmented. But there is no difficulty in establishing beforehand what sort of prescriptions may be made, and experience has shown that other systems are at times quite as expensive. Again, it is not as if these pauper patients represented a mine of gold. At best the remuneration for attending them is so very small that it does not constitute a sufficient temptation to induce a medical practitioner to go out of his way to secure their preference. Consequently it seems very likely that in course of time all the local authorities in France will apply the methods which have already been accepted by the large majority of county and district councils. The cost in France is generally borne by all three tax-collecting authorities: the commune, which in England we should call the rural or urban district council or borough; the department, or county council; aided, where there is special need, by subventions from the State. By indirect taxation, and especially by the *octroi* (or town dues), the poor pay a larger proportion of their incomes in taxation than the wealthy classes. The tendency is to look upon taxation more and more as a form of insurance against sickness and poverty and the other ills of life. The medical profession, by the voice of its representative organisations, declares that it endorses heartily all such social legislation, and its members are quite willing to pay the increased taxation in common with other citizens. But having thus subscribed its full share there is no reason why the medical profession alone should be expected to contribute further by attending on the poor without adequate remuneration. All other persons concerned are paid. The butcher, the baker, the grocer, who provide for the food, the clerks of the "Public Assistance" are all paid, and paid at the usual rate. The medical man alone is expected to give his services for nothing, or for next to nothing. But a great improvement will have been realised if henceforth the municipality is bound to pay when the patient fails to do so. The medical practitioner will then be sure of receiving at least the minimum fee. If the patient objects to the stigma of pauperism he has only to pay the fees and his name would at once be effaced from the free list kept at the town hall.

The following things will certainly bring about a very great change in the position of medical practitioners: Firstly, that no one, whether rich or poor, shall suffer for want of medical assistance; secondly, that the sufferer shall choose his medical adviser; thirdly, that the medical adviser shall receive at least the minimum fee, if not from the patient then from the municipality. This is certainly a very simple and yet a very thorough scheme of medical poor relief. Nor is this merely a scheme; its application is now in course of development. It has met with the almost unanimous approval of the medical profession of France and is endorsed by the great majority of the local authorities which administer the public funds destined for the relief of the poor.

PREGNANCY AND EMPLOYMENT.—Our Paris correspondent writes that a statute relative to the employment of female workers during pregnancy has just been passed in France. It provides that absence of a woman from work for eight weeks covering the period which precedes and follows her delivery shall not entail dismissal by her employer on the ground of breach of contract. The woman shall inform her employer of the reason of her absence. Any agreement waiving her rights shall be void in law. In the event of dismissal by the employer she shall be entitled to claim damages from him.

THE 1909 CHOLERA EPIDEMIC IN EUROPE AND SPORADIC PLAGUE IN THE NEAR EAST.

(FROM THE BRITISH DELEGATE TO THE CONSTANTINOPLE BOARD OF HEALTH.)

Cholera in Russia.

The cholera returns for all Russia (excluding St. Petersburg) in the last few months are summarised in the following table:—

Between July 5th and July 11th	.....	(858 cases, 384 deaths)
" " 12th " " 18th	.....	(806 " 348 ")
" " 19th " " 25th	.....	980 " 454 "
" " 26th " Aug. 1st	.....	973 " 428 "
" Aug. 2nd " " 8th	.....	819 " 396 "
" " 9th " " 15th	.....	954 " 401 "
" " 16th " " 22nd	.....	1373 " 525 "
" " 23rd " " 29th	.....	1089 " 533 "
" " 30th " Sept. 5th	.....	1242 " 544 "
" Sept. 6th " " 12th	.....	1182 " 533 "
" " 13th " " 19th	.....	979 " 504 "
" " 20th " " 26th	.....	801 " 379 "
" " 27th " Oct. 3rd	.....	598 " 288 "
" Oct. 4th " " 10th	.....	442 " 224 "
" " 11th " " 17th	.....	276 " 168 "
" " 18th " " 24th	.....	(172 " 78 ")
" " 25th " " 31st	.....	(125 " 62 ")
" Nov. 1st " Nov. 7th	.....	( 82 " 39 ")

(All the above dates are according to the Old Style.)

In this table the figures given within parantheses are uncorrected, and consequently considerably below the truth. During the present epidemic the Russian authorities have published weekly returns, but the figures given for one week have invariably been corrected during the subsequent week, and the result of this correction has always been to add something like 20 or 25 per cent. to the figures issued the previous week. For the first two and the last three weeks included in the above table I have only been able to obtain the uncorrected figures. The above returns, moreover, do not include the figures for St. Petersburg and suburbs, which have been as follows, since the disease appeared there in May last:—

Week ending—	Cases.	Deaths.	Week ending—	Cases.	Deaths.
May 23rd	... 23	... 12	Aug. 15th	... 172	... 81
" 30th	... 58	... 19	" 22nd	... 172	... 72
June 6th	... 174	... 40	" 29th	... 183	... 49
" 13th	... 489	... 140	Sept. 5th	... 244	... 90
" 20th	... 557	... 193	" 12th	... 262	... 103
" 27th	... 643	... 271	" 19th	... 256	... 99
July 4th	... 714	... 272	" 26th	... 231	... 80
" 11th	... 493	... 229	Oct. 3rd	... 208	... 98
" 18th	... 361	... 158	" 10th	... 128	... 55
" 25th	... 231	... 98	" 17th	... 99	... 41
Aug. 1st	... 210	... 77	" 24th	... 81	... 20
" 8th	... 195	... 71			

(In this table also the dates are according to the Old Style.)

The total figures for St. Petersburg down to Oct. 24th (Nov. 7th) had, therefore, been 6184 cases and 2368 deaths. The totals for the rest of the Russian Empire down to the same date had been 19,054 cases and 8485 deaths.

The present epidemic of cholera in Russia, like those of 1907 and 1908, has been very widespread, as shown by the following facts. Beginning in the city of St. Petersburg in May, it had by the first week in July extended to the following governments: St. Petersburg, Vologda, Arkhangel, and Olonetz in the north; Novgorod, Pskof, Vilna, Vitebsk, Courland, Livonia, and Finland in the west; Moscow, Yaroslavl, and Riazan in the centre; Viatka in the north-east; and Simbirsk on the Volga. In the week ending July 11th, the governments of Kharkof, Tver, Esthonia, and Kostroma were added to the list, and in the two following weeks those of Tula, Mogilef, Poltava, and Kherson. Then, in the week ending August 8th, the disease spread to the governments of Nijni-Novgorod, Samara and Saratof on the Volga, and to that of Perm, in the extreme north-east of European Russia. In the week ending August 15th it appeared in the Siberian government of Tomsk, and in that and the next two weeks it extended to the governments of Smolensk, Kovno, Kief, Ekaterinoslav, and the

Taurida. In the week ending Sept. 5th the governments of Minsk, Astrakhan, Voronezh, and Kazan first appeared in the list, and the presence of the disease was announced in Vladivostok, on the Pacific. (It would seem possible, even probable, that the infection in Vladivostok came from some centre in the Pacific, rather than by an extension from the west through Siberia, since none of the other Siberian governments, save that of Tomsk, have figured at any time in the weekly returns). In the week ending Sept. 12th cholera appeared in the governments of Grodno, Suvalki (Poland), and Ekaterinoslav; in that ending Sept. 19th Baku, on the Caspian, became infected; in the week ending Sept. 26th the governments of Tchernigof, Kaluga, and Tambof; in that ending Oct. 4th the town of Derbent (in the Caucasian province of Daghestan); and finally, in the week ending Oct. 24th the government of Volhynia appeared for the first time in the lists. Mention should also be made of an outbreak of the disease, in the last week of the series, in Yalta, on the shores of the Crimea.

The intensity of the epidemic has, of course, varied considerably in different parts of the country. It has been particularly persistent and severe in the capital, the figures for which were quoted above; and in the governments of St. Petersburg (1324 cases, 726 deaths), Arkhangel (744 cases, 381 deaths), Vitebsk (3390 cases, 1315 deaths), Tver (728 cases, 332 deaths), Yaroslavl (985 cases, 512 deaths), and Novgorod (768 cases, 358 deaths). The governments on the Volga have this time been comparatively lightly visited. In the more outlying parts of the empire it may be noted that 63 cases and 27 deaths have occurred in Baku; that in Derbent (Daghestan) there has been only 1 case and 1 death; in Finland only 10 cases and 5 deaths; in the Tomsk government (Siberia) only 2 cases and 1 death; while in Vladivostok, on the other hand, there have been as many as 142 cases and 94 deaths. (In each case the figures just quoted refer to the period between the beginning of the epidemic and the week ending Oct. 24th, Old Style). As on previous occasions, the present epidemic in Russia has been characterised here and there by the occurrence of "cholera riots" in a few villages, and by the carrying out in others of some very curious superstitious and practically pagan rites, intended to conjure away the evil demon of the disease.

A Case of "Laboratory Cholera."

The Russian medical journal, the *Vratch*, published in July last the following interesting details of a case of cholera contracted in the course of laboratory work. A lady student working in a laboratory in St. Petersburg was investigating the agglutination characters of a cholera vibrio isolated from a sample of water taken from a manufactory in the city. By accident some of the contents of a pipette entered her mouth. In spite of immediate efforts to disinfect the mouth, a typical attack of cholera followed, and the dejecta were found to contain enormous quantities of comma vibrios. Fortunately the patient recovered. The incident is a most instructive one, and the conclusions to be drawn from it are obvious.

The Pilgrimage and the Cholera Epidemic.

The fêtes of Kurban Bairam will take place in about three weeks from now. The contingent of pilgrims from the north has not been a very large one this year. They have been subjected to the necessary measures in the Turkish lazarets of the Black Sea and Mediterranean, and so far there has fortunately been no case even of suspected cholera among them. A suspicious death, however, recently occurred on board a sailing ship arriving at Kopmish, on the Russo-Turkish frontier east of Trebizond. The ship had come from some of the Russian ports on the eastern shores of the Black Sea.

Cholera in Persia.

Within the last few days it has been reported that cholera has appeared in the Persian portion of the (double) town of Astara, situated just where the Russo-Persian frontier comes down to the shores of the Caspian.

Cholera in Germany.

In view of the prevalence of cholera in the Baltic provinces of Russia it is not surprising that the infection has spread to the adjoining districts of East Prussia. The following details have been communicated officially to the Board of Health here. On July 20th a passenger arrived by train at Königsberg, coming from Russia. He was already ill and died

the following day from cholera; the diagnosis was confirmed bacteriologically. On Sept. 18th a German raftsman died from cholera at Pokallna, Heidekrug (East Prussia), and his wife was attacked by the disease. The infection was believed to have been brought by timber rafts floating down the Memel from Russia. In these cases also bacteriological evidence confirmed the diagnosis of cholera. A sanitary station was opened at Schmallingken, on the Memel. A Berlin telegram, dated Oct. 29th, stated that since Oct. 9th the following cholera cases and deaths had occurred in the basin of the Memel: in three places in the Heidekrug district 7 cases and 2 deaths; in two places in the Niederung district 11 cases and 2 deaths; and in that of Tilsit Land 1 fatal case. Measures had been taken, it was added, for the sanitary control of the river. Between Oct. 29th and Nov. 5th 3 cases occurred in one place in the Heidekrug district, 3 cases in two places in the Niederung district, and 4 cases in the Labian district. The two former districts are in the prefecture of Gumbinnen, and the last in that of Königsberg.

Cholera in Holland.

At the end of August news was received here that cholera had appeared at Rotterdam. From August 20th to Sept. 1st 25 cases of the disease were seen in that town, and 3 in other places in the Dutch provinces. About the same time 2 cases were reported from the neighbourhood of Amsterdam. From Sept. 1st to Sept. 7th 24 cases were observed in all Holland, of which 20 occurred at Rotterdam, and single cases at Middelburg, Utrecht, Breda, and Helsteren. Later information showed that the disease broke out first in Rotterdam, where, on August 20th, four persons died in one family alone. A bacteriological inquiry showed that they had died from veritable cholera. On Sept. 10th a case of the disease was reported from Dirksland and another from Amsterdam. No case had occurred in Rotterdam since the 4th. A telegram of Sept. 28th stated that "a second case" had occurred in Hanswert, the two patients being husband and wife, hairdressers, who took in boatmen as lodgers. Still later telegrams showed that a third case occurred in this family at Hanswert, that two cases had been seen at Lopik, and that at Hattom (near the Zuyder Zee) 4 cases with 1 death had occurred in one family. On Oct. 20th a fatal case of the disease was seen at Yaarsveld, in the Utrecht province, and a second case in the same family followed on Oct. 25th. Since then no further news has been received here concerning cholera in Holland.

Cholera in Belgium.

A telegram from the Ottoman Consul in Antwerp was received here early in September, stating that on Sept. 4th a boy, aged 14 years, had died in the village of Lillo, north of Antwerp, from fulminant cholera, and that his brother, aged 16 years, was attacked with the same disease; both were sons of the owner of a boat that had come to Lillo from Utrecht. In the former case a bacteriological investigation could not be carried out, but in the latter such investigation was made and showed that death had been really due to Asiatic cholera. It was further stated that on August 29th the owner of a barge coming from Rotterdam to Lillo had died from a suspicious disease, but that a bacteriological examination had given negative results. A later report from the same source, dated Sept. 28th, stated, on the authority of the Governor of the Antwerp province, that "none of the cases till then reported in Belgium had been confirmed bacteriologically"—a statement in direct contradiction of the earlier reports. A month later (Oct. 29th) the same consul telegraphed that, from personal inquiries, he had established that at a distance of 17 kilometres from Antwerp there had occurred in the course of eight days nine cases of Asiatic cholera with six deaths. Two days earlier the Belgium authorities had officially admitted that some cases of the disease in which the cholera bacillus had been found had occurred in the Antwerp province. It was believed that the infection had come from drinking water on board certain barges coming from Holland and touching at places on the banks of the Escout.

Cholera in Galicia and Moravia.

On July 28th the Ottoman Embassy at Vienna telegraphed that a suspicious case had been seen at Lemberg, and in later telegrams, dated August 24th and 30th respectively, the same authority reported a suspicious case at Napagedl in Moravia, and a fatal case of Asiatic cholera in Galicia, the

name of the place where it had occurred not being mentioned.

Plague in Adalia.

It will be recalled that, as stated in my last letter on this subject (published in THE LANCET of August 21st, p. 576), 5 cases of plague, with 3 deaths, occurred at Adalia in July. After the 29th of that month no further case was seen until Oct. 25th, when 2 fresh cases were reported. The patients were the son (aged 4 years) and the servant (aged 15 years) of a merchant in the town. They appeared to have been ill since the 16th and 24th of the month respectively. On the 28th a third case occurred in the same house. The house had apparently simply been "cordoned," with sick and healthy together, and this patient developed the pneumonic form of the disease, which rapidly proved fatal.

Plague in Beirut.

The occurrence of a sporadic case of plague here in July was reported in a former letter.¹ Quite recently three fresh cases have been reported; the first was seen on Nov. 25th. He had then been ill for ten days. The second was seen on Nov. 27th (the eighth day of the attack); the third on Dec. 1st. In the first and third there was bacteriological proof that the disease was plague.

Plague in Alexandretta.

In both Adalia and Beirut plague has been probably endemic, though in sporadic form, for some time past. It has now appeared for the first time in Alexandretta. Two cases were seen there on Nov. 30th; they were the son and daughter of a labourer who had died with suspicious symptoms a fortnight before. At the same time a youth, employed in a store where grain coming from Bombay by way of Alexandria is dealt in, was also found to be suffering from plague. It is added that dead rats had been found in the latter store and in that where the father of the other two patients had worked. These two stores adjoined.

Plague in the Kirghiz Steppes.

In August last the Russian Plague Commission announced officially that several cases of pneumonic plague had occurred in the village of Iltoë, in the district of Ulentin, 140 versts from the town of Uralsk; 22 deaths had occurred, and no further cases were reported after July 31st. This village is obviously in the region of endemic plague described in my letter on this subject which was published in THE LANCET of April 24th last (p. 1197).

Dengue in Syria.

There has recently been a serious epidemic of dengue in Jaffa and in Beirut. Details are wanting, but it is stated that large numbers of people have been attacked in both places.

Constantinople, Dec. 3rd, 1909.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Liverpool Royal Infirmary: Roentgen Ray Installation.

Mr. C. Thurstan Holland, at the Royal Infirmary on Dec. 9th, gave an interesting demonstration with the "Snook" Roentgen apparatus which has been recently fitted up at the infirmary. The X ray department of the hospital in 1905 had 300 patients, and there were now about 3000 cases annually, each ward of the dispensary sending not merely cases where people had been injured by bullets, needles, pins, coins, &c., but cases of the chest, stomach, kidney, and other complaints. Many plates of such cases were shown by Mr. Holland, who said *Punch's* forecast regarding the little boy who ate overmuch Christmas fare and was subjected to the Roentgen rays had literally come to pass, although at one time it was entertained as a humorous idea. The cost in connexion with the X ray department at the infirmary was seriously increasing, and Mr. Holland mentioned that the hand of his assistant was permanently injured by the rays, despite the protective measures adopted. Additional accommodation for the X ray department would be afforded when the erection of the new out-patient department had been completed. Mr. Ralph Brocklebank (chairman of the committee of the infirmary), Mr. Holford Harrison (honorary treasurer), Sir James Barr, and others expressed their

¹ THE LANCET, July 24th, p. 260.

appreciation of the lucid demonstration given by Mr. Holland who so ably fills the post of director of the department.

Hospital Saturday Fund.

The Lord Mayor presided at the annual meeting of the Liverpool Hospital Saturday Fund, held on Dec. 7th at the Exchange Station Hotel. There was a considerable and representative gathering. The committee regret that, notwithstanding a strenuous year's work, there was for the first time since the year 1887 a decrease in the receipts for the year. Steadily from £2870 at that time the fund increased, until in 1908 the income was £10,136. Through a combination of circumstances, the principal one being trade depression and its consequent lack of employment, the returns for 1909 only show £8,775, a decrease of £1361. The greatest loss has taken place in the workshop collection. This is attributable to two causes. First, several amounts equal to nearly £90 from special efforts have not been available this year; and secondly, the serious decrease in the subscriptions from contributing firms, especially those where the systematic collection is adopted. The collection has suffered most where the weekly system is in force. Another serious loss has been the 10 per cent. so kindly promised by the guarantors, and which last year realised £433. Since the inauguration of the Fund in 1871 the sum of £179,360 has been collected through the agency of the Hospital Saturday Fund. There are at present 1082 firms assisting the Fund, a considerable number of which only have the annual collection, and the committee again urge the adoption of the weekly system.

Liverpool Medical Institution.

Dr. T. R. Bradshaw, senior physician to the Royal Infirmary and lecturer in clinical medicine at the University of Liverpool, has been nominated by the council of the society as president for the ensuing two years. Dr. Bradshaw has long taken an active interest as a member of the Faculty of Medicine at the University in the education of the medical student. He was the first to draw attention in this country to the significance of albumose in the urine and its association with a special form of bone disease, and gave to the clinical complex the name by which it is generally known in this country—myelopathic albumosuria. He has also been an examiner in medicine at the University of London.

Dec. 13th.

BRISTOL AND THE WESTERN COUNTIES.

(FROM OUR OWN CORRESPONDENTS.)

University Service at the Cathedral.

ON Dec. 7th a special service was held at the Cathedral, by invitation of the Dean, to celebrate the foundation of the University. The members of the corporation attended in state, and together with the University professors and a large number of students made an imposing gathering. The Vice-Chancellor, Pro-Chancellor, and Pro-Vice-Chancellor were also present. The sermon was preached by the Rev. A. A. David, M.A., late headmaster of Clifton College, who has recently been appointed to the headmastership of Rugby.

Testimonial to Professor Lloyd Morgan.

Subscriptions to a testimonial fund for Professor C. Lloyd Morgan are being collected from among those who are concerned with the University, either directly or indirectly. Professor Lloyd Morgan's services to the University of Bristol have not simply been those of an eminent science teacher; he was for many years Principal of University College until the University was born, when he became the first Vice-Chancellor. In both capacities he has striven with the utmost zeal to establish higher education and propagate the University idea in Bristol, and it is felt that the gratitude and admiration evoked by such labours need some outward and visible token such as the testimonial will supply.

The University Colston Society.

The Colston Society's annual dinner has been postponed till either February or March on account of the General Election. It is hoped that on the same day the foundation-stone of the new chemical and physiological wing will be laid.

Bristol General Hospital.

The president of the hospital, Mr. Joseph Storrs Fry, has