According to what we read and hear, Eddyites are following in the same footsteps. If they aid in promoting temperance in alcohol and tobacco they will do good, but if they profess to cure disease by their methods or to assert that there is no such thing as real pain, then we are justified in calling them quacks. How can quackery be checked? In the first place, medical men must not practice quackery themselves, for it is too true that it exists inside as well as outside of the profession. Then it is important to individualize in treatment, so that patients may reap the greatest benefit, while careful and accurate diagnosis and prognosis will help to guard against disappointment. In Great Britain, he said, there is no legislation against quackery. The government receives \$1,500,000 annually from the licenses and stamp duties on the sale of "patent medicines." Many "patent medicines" in no way comply with the law requiring that they must be genuine original inventions, and that a complete description of them must be filed at the patent office. In both France and Germany there is at present a great deal of agitation in favor of greater stringency in dealing with quackery and stricter supervision of proprietary remedies. In conclusion he said that it is important to realize the responsibilities resting on those entering on the practice of medicine, both in exercising the sympathetic faculty and in cultivating friendly intercourse with patients of all classes.

The Choice of a Holiday.—The summer holiday is usually believed to be a season for recuperation and for renovation, says the *Medical Press*; a time when the jaded tissues are able to cast off effete products of over-activity, and to lay in a store of energy for the coming months. If the holiday is to be this, and not a mere new-sensation-hunting performance, the choice of the place in which it is to be passed is of great importance. To go to a seaside town or a mountainous district simply because a friend has gone thither and liked it, is not to plan one's holiday scientifically; which is another way of saying that for a holiday to do one good, the selection of the place where it is to be passed must be determined by the necessities and conditions of the individual. To many delicate women strong breezes and bracing air cause exhaustion and prostration, while, again, the relaxing atmosphere of some sheltered resorts sends the young and vigorous home but little the better for the trip. Especially needful is the exercise of care in advising old people as to their change. To send elderly and overworked men to the high altitudes is to cause them some not inconsiderable danger of apoplexy, and if they are asthmatic or subject to chronic bronchitis the rarified air of high mountains may cause ruinous damage to lungs and heart. Climatology as an exact science is yet in its infancy, but it is sufficiently advanced for a well-educated medical man to be able to advise wisely on the choice of a holiday resort, and people generally would do well to consult their professional attendant before booking rooms a month or six weeks ahead.

Travel Notes

(Continued from page 612.)

DISEASES AND HOSPITALS OF PORTUGUESE EAST AFRICA.

NICHOLAS SENN, M.D.

Professor of Surgery in the University of Chicago and Professor and Head of the Surgical Department of Rush Medical College.

CHICAGO.

Portugal has a claim on Africa by the right of discovery, and in the apportionment of the country by the great powers of Europe she has held her own and her flag floats in the breeze of both coasts. Her possession on the east coast consists of a long, narrow strip of land, extending from German East Africa southward to Tongoland and including the Island of Mozambique. The country is only thinly settled, owing to the prevalence of malaria, which makes it dangerous for Europeans

to make their homes anywhere on the vast stretch of lowlands, where the soil is most productive. The Portuguese have to contend here, like their neighbors, the Germans, with all kinds of tropical diseases, notably malaria and dysentery.

MOZAMBIQUE.

Boys who study geography are sure to preserve the names of certain places, cities, rivers, capes, islands, etc., in their memory long after they have forgotten the exact boundaries of familiar states and countries and the length and course of well-known rivers. The names that have clung to me ever since I left the hard benches of the country schoolhouse were Tahiti, Zanzibar and Mozambique. I have now seen all of these places and none of them has presented the aspects which would correspond with the mental picture that I had drawn of them. Of these historic and interesting islands, Mozambique was the most disappointing. I had dreamed of a larger island with volcanic mountains and valleys green with luxuriant tropic vegetation, noble wild animals, birds of plumage, monkeys traveling over land by leaping from tree to tree, using their long mobile tails as an additional and most important prehensile limb; a very ancient city, with streets so narrow that two persons would find it difficult to walk abreast. Imagine my surprise when we sighted an island in the small Mokambo Bay, almost filling the same and only three miles long and on an average not more than three-quarters of a mile wide, flat and sandy, a little oasis in the Indian Ocean, hugging the mainland closely, as if in fear of being engulfed by the sea, with here and there a timid palm raising its feathery crown above the plain, square, white, two- and one-story flat-roofed houses. As we came nearer a fleet of East Indian dhous was seen anchored in front of the landing-place, as well as a small gunboat with four guns, flying the Portuguese flag. The official inspection by the health officer and the custom-house officials

Military and Civil Hospital Mozambique.

was over in a short time, and we at once went ashore in a rowboat to utilize the few hours to the best advantage in seeing the sights of the city. Our haste proved useless, as there was not much to be seen. There are neither horses nor any kind of traction or riding animals in the city, and the only conveyance obtainable for those who can not or are not willing to walk is a jinrikisha. The blacks here make as good jinrikisha men as the Japanese, who are experts in this kind of getting about.

Mozambique, a city of 7,000 to 8,000 inhabitants, has no hotel and no regular restaurants. The city has many wine-houses, but has made no satisfactory provisions for the hungry stranger, who is glad to return to his ship when mealtime comes. The streets are in excellent condition, but sidewalks are either very narrow or entirely wanting. A few little parks with scrubby, hardy shade-trees relieve the eyes, which everywhere else see nothing but sand. Trees and flowers show by their puny appearance their burning thirst for water. All the shops are small, containing only what the people most need. The blacks here are very independent in their bearing, showing very plainly that they have the upper hand in the management of the affairs of the city. The small military force stationed here, as well as the police, is made up exclusively of blacks under the command of white officers. We visited the market and saw what is brought over from the nearby

mainland and what the sea furnishes. Several negro women, the most ugly and vicious-looking that we have seen so far, who were selling palm wine, did the best business. The wine in large earthen jars was still fermenting and bubbling. Two cents bought a gourd-bowlful, holding about a quart. Two such doses make the black happy for the balance of the day. The behavior of the Amazons who dispensed this stuff was enough to show that they had done their share in emptying their vessels. We tasted this palm toddy. It was cool and pleasant to the taste, slightly sour and had some of the pungency of dry champagne. There were fish, fresh and fried, bananas, thin, narrow strips of bread fresh from the stove, served hot on banana leaves, coconuts, papaya, manihot roots, raw and boiled, several kinds of capsicum, small bundles of split firewood, etc., all articles for which only the natives have use. What little is left of the island outside of the city is a sandy desert.

The sight that I presume every visitor who lands here goes to see is the old fort of St. Sebastian. It is this ancient fort, with its grim, high walls blackened with age, which is seen first when the city comes in view. The building of this fort dates to the time of Da Gama, when he sailed along the east coast of Africa in search of a new waterway to East India. The fort is built on a narrow spit of the island, covering its entire width, and the thick, solid walls rise from the sea on three sides. It is kept in good repair and now serves as a barrack for the soldiers. The walls rise high above the inner even court, where the black soldiers are drilled in the art of war. On the top of the rampart facing the sea the portholes are occupied by ancient cannons of prodigious size, mounted on carriages with rickety wooden wheels. These fearful engines of war probably have never spoken, but were ready centuries ago to spit fire and destruction had any foreign power made an attempt to gain possession of the little island. This ancient citadel, with its historic guns, would be helpless against a single modern battleship, but it has been respected in the past, and may well be proud to have outlived other more formidable strongholds over which the flag of many a conqueror has floated since their foundations were laid. The veteran fortress shows only one scar, and that was made by an accidental explosion of dynamite and is now being repaired with the utmost care.

The Roman Catholic church rules here supreme. The cathedral is a very modest church and the other two churches show no greater pretensions. The church has been prudent in the expenditure of money. Schools had to be erected and maintained. In the yard of one of these schools we saw the black children at play after the morning lessons were over, and they were indeed a cheerful, happy lot.

Portuguese and natives live on the best of terms throughout this possession. There is no conflict nor even manifest dissatisfaction here. The government treats its black subjects leniently and with much consideration. Experience has shown that the negro can be led, but not forced, to do a thing which comes in conflict with his own ideas of right and justice; he is a lamb when led, a mule when forced. Only two Germans and nine Englishmen live in the city and only a very few East Indians and Arabs. Mozambique has its own postage stamps, and the money in circulation is coined for Portuguese East Africa.

MOZAMBIQUE MILITARY AND CIVIL HOSPITAL.

I have never been in a colony or protectorate where the native sick are treated with so much consideration and are taken care of so well as in Portuguese East Africa. The colony has no separate hospitals for Europeans, as in British and in German East Africa, but white and black live under the same roof and receive the same care. We miss here the superb, costly buildings set aside exclusively for the care of Europeans, such as I have described in speaking of British East Africa and German East Africa. Of all nations owning or protecting foreign lands, Portugal has had the longest experience and has learned how to treat alien subjects without causing friction. The sentiments of the people are considered in formulating rules for their government. Perhaps the most important secret of Portuguese peaceful colonial rule is found in the fact that

the line of division between the officers and the people of the home government and the blacks is not as sharply drawn as in the colonies of other nations. It is the conspicuous preference given to the whites that stings the blacks, the rightful owners of the soil. The Portuguese have learned this by a long experience and shape their rules accordingly.

I can give no more striking example of Portugal's lenient foreign policy than by a brief description of the Mozambique Military and Civil Hospital, which answers to the construction and administration of every other government hospital in Portuguese East Africa, of which there are several. In the first place, these hospitals are built and, at least in part, maintained by the government, and are in charge of Portuguese military surgeons, especially trained for their manifold functions. In the second place, the sick in the colony, white and black, officers, government officials, soldiers, policemen, rich and poor, educated and ignorant, old and young, men, women and children, are under the same administration. While the whites are given preferences, these do not stand out in the eyes of the natives in such sharp lines as in the hospitals of most of the other colonies. The same doctor who treats the whites attends to the blacks; the same sisters who nurse the Europeans take care of the natives. The difference, if any, is in degree, not in kind, and it is considerations like these that the negro knows how to appreciate.

The hospital was built twenty-five years ago, and at that time it would have compared well with most of the hospitals of Europe and America in construction and equipment. Its architecture is decidedly Spanish in style. Like all other substantial houses on the coast of Africa, it is built of rough stones of coral rock, with a heavy inside and outside coating of cement. The two main buildings are two stories high and serve for private rooms of patients of the first class, small wards for the second class, directors' apartments, pharmacy, storerooms, chapel and dormitory for the sisters. The large wards for patients of the third class and all charity cases are in one-story pavilions, the blacks in separate wards. The first-class patients pay \$2 per day, the second-class 75 cents and the third-class 25 cents. Light and air flood every room of the handsome, well-arranged complex of buildings, which on one side face the principal street of the city and park and on the other the harbor. As the city of Mozambique must rely on rain for its water supply, each house has its own cistern. The hospital has two immense underground cisterns, with a total capacity of 600,000 tons, which furnish an abundance of pure, cool drinking water. These cisterns are located between the pavilions. The spaces between the main buildings and the wings are paved with flat stones and are kept as clean as the mosaic tile floors in the interior of the buildings. The hospital has 200 beds, and during the rainy season, when malaria is most prevalent, its full capacity is heavily taxed, but at the present time the number of patients is only eighty. The pharmacy is in charge of a competent druggist and is well stocked, and the two large storerooms are well supplied with medicines, dressing materials, bedding, etc. The operating room is small but well constructed and equipped for modern surgical work. Very little surgery is done here, as in all other East African hospitals, on an average not more than two operations a day, and most of these are minor operations. A Roentgen apparatus has recently arrived and will be put in operation as soon as electric power can be secured, and then it will be the first one to be employed on the East Coast of Africa. Dr. Francisco Maria do Amaral is the director of the hospital and is assisted by three other military surgeons. He speaks English fluently and has kept pace with the modern progress in medicine and surgery. He took great pains in explaining the details of the hospital work and in showing the interesting cases then under treatment.

Eight Catholic sisters have charge of the nursing and they are assisted by orderlies and native helpers. The average number of patients during the year is about 2,000. The patients come from all parts of the province of Mozambique. Dr. Amaral has been stationed here for a long time and has never seen a case either of carcinoma or appendicitis in the black. The same holds true of the Eskimos of the far north, as I

ascertained last summer when I went to Etah, the most northern habitation of man. It seems, then, from the geographical limits of these diseases that civilization with its complicated dietetics is responsible, to a large extent, for their prevalence in Europe and the United States.

DISEASES OF THE PROVINCE OF MOZAMBIQUE.

From information obtained from Dr. Amaral and from scanning over the last report of the Service of Health (*Relatório de Serviço de Saúde do Provincia de Mozambique Estatística Hospitalare Anno 1994*) for 1904, a government publication replete with painstaking, accurate statistics, I gained a fair insight into the prevailing diseases of this part of Portuguese colonial Africa. I have already mentioned that Dr. Amaral had never seen during his long residence here a case of carcinoma or of inflammatory disease of the appendix in the negro. There is a little laboratory in the hospital where bacteriologic studies are made and pathologic specimens are examined microscopically, so that we have reason to believe that these diseases were not overlooked. In the report I find, under the head of "Cancer and other Malignant Tumors," three deaths reported from Lorenzo Marques, one of which was from sarcoma of the breast, one from intestinal neoplasm, and in one, a negro, 17 years of age, the cause of death is given as cancer of the pancreas, the diagnosis having been confirmed by autopsy.

TOTAL MORTALITY.

The total mortality of the province for the year was 1,222. Of this number there were 202 Europeans, 125 Asiatics, 892 Africans and 4 white Americans. The list includes 6 intra-uterine deaths, 973 males and 249 females, and of these 500 died in different hospitals and 722 outside of the hospitals.

HOSPITALS.

The nine hospitals of the province are located at Lorenzo Marques, Mozambique, Quelimane, Inhambane, Chinde, Chibuto, Angoche, Tete and Mossuril. The total number of patients treated in these hospitals for the year was 9,055, of which 4,141 were military and 4,914 civil; 8,213 males and 822 females. Of this large number of hospital cases there were only forty-two children below the age of 5 years, a figure showing again and most conclusively that the blacks have little use for hospitals in the care of their sick children.

In visiting the hospitals of the coast I was struck by the small number of children under treatment. Most of the children I saw were not ill, but accompanied their sick mothers.

MALARIA.

Malaria here, as well as everywhere else on the coast, is the prevailing disease, and the patients suffering from this disease fill the hospitals to overflowing during the rainy season. In the nine hospitals 3,661 cases, or more than one-third of the whole number of patients, were treated for malaria, with eighty-three deaths, the mortality varying with the hospital, being lowest at Chibuto, 1.2 per cent., and highest at Chinde, 6.3 per cent. Malarial diseases are classified as follows:

	Number of Cases.	Deaths.	Per-centage.
Intermittent fever	3,577	1	0.03
Remittent fever	19	1	5.3
Pernicious fever	39	26	66.6
Bilious fever	171	43	25.1
Malarial cachexia	175	12	6.9

Among the malarial patients the whites figure largely in excess of the blacks, their total number being 3,175, with 67 of the total number of 83 deaths. Next to the whites the half-castes suffer most frequently from the grave forms of malaria and contribute most to the mortality list.

TREATMENT OF MALARIA BY SUBCUTANEOUS INJECTIONS OF QUININ.

Dr. Amaral is very partial to this method of treatment in all grave forms of malaria. The preparation he uses is a solution of half a gram of quinin, kept ready for instantaneous use in a glass capsule drawn out on opposite sides and sealed by heating the ends. The hypodermic needle is charged by breaking off one of the ends, when the fluid is aspirated directly from the capsule and is at once injected under strictest aseptic precautions. If the case is severe he makes the injections morning and evening until the disease is under control. This

way of administering quinin would seem to recommend itself in all grave cases, more especially in military practice.

SMALLPOX.

This disease appears to visit the colony almost every year, but on the whole is on the decline. Only 118 cases were observed during the year, of which the disease proved fatal in six. During the year, 4,590 persons were vaccinated, and of this large number there were only 32 whites and an equal number of half-castes. At Quelimane alone 2,162 negroes were vaccinated.

DYSENTERY.

During the whole of the year, 224 cases of this disease entered the hospital for treatment. Of this number 98 died, a very large mortality. Of the 83 whites, only 8 died, showing that the mortality from the disease is greater among the blacks than the whites, probably in consequence of neglect and improper diet, as well as for the reason that they do not apply for treatment in time. The disease is more frequent in the country than the cities, and its greater prevalence there is attributed by the physicians to the drinking of polluted water and the eating of improper food.

TUBERCULOSIS.

Pulmonary tuberculosis is on the increase on the coast where the blacks are brought in contact with the Europeans. The number of deaths from this disease in the province of Mozambique for 1904 was 185, divided among the different nationalities as follows: Europeans, 24; Asiatics, 26; Africans, 34, and 1 American. Here for the first time I found mention in the reports of cold abscesses and general tuberculosis occurring in the natives on the coast.

SYPHILIS AND VENEREAL DISEASES.

The presence of venereal diseases is well shown in the following table for the year 1904:

	Men.	Women.	Total.
Syphilis	334	106	440
Soft chancre	171	48	219
Gonorrhea	186	240	426

This table gives by no means the whole number of venereal diseases, as many of the blacks, especially the women, do not apply for treatment.

PNEUMONIA.

This disease is very fatal. Of the 40 cases treated in the hospitals, 18 died, a mortality of 45 per cent.

DISEASES OF DIGESTIVE ORGANS.

These diseases are grouped together under the head of diarrhea and enteritis. The total number is given at 178, which, of course, included only the grave cases. Of this number 67 were Europeans, with 5 deaths. Of 321 cases of disease of the stomach none resulted in death.

SLEEPING DISEASE.

This disease has never been known to originate in the city of Mozambique. Two deaths from it are recorded in the report. One of the patients was a native soldier, who contracted the disease on the coast; the other was a negro, who came affected with the disease from Angola, Portuguese West Africa.

LEPROSY.

The number of lepers is given at 30, distributed over the province as follows: Lorenzo Marques, 19; Mozambique, 1; Inhambane, 9, and Tete, 1. Lepers are not admitted into any of the hospitals. Dr. Amaral has recommended to the government the establishment of a home for these unfortunates, who are now entirely neglected and have to depend on their relatives and friends for support and care.

DISEASES OF THE SPLEEN.

Considering the prevalence of malaria in the province, the number of cases of enlargement of the spleen, as given in the report, is remarkably small, only 29; of these, 24 were whites, 1 yellow and 4 blacks. The negroes are very resistant to chronic malarial poisoning and are very rarely affected with enlargement of the spleen as compared with the whites.

BERIBERI.

This disease was observed 18 times during the year. Lorenzo Marques furnished 15 cases, Mozambique 1 and Chile 2. Of this number, 5 died.

RHEUMATISM.

Of this disease there are recorded 370 cases, 230 acute and 120 chronic, with a mortality of 4, 2 from the acute and 2 from the chronic form of the disease.

We miss in this enumeration of diseases carcinoma, with the exception, perhaps, of a doubtful case, also appendicitis and typhoid fever. Strangely enough, typhoid fever has not as yet gained a foothold on the soil of the east coast of Africa, although the sanitary conditions in many places are such as would seem favorable to the growth and spread of the bacillus of the disease. Neither is there mention made of the most common diseases of childhood: measles, diphtheria, scarlatina and whooping-cough. Twelve cases of cerebrospinal meningitis were observed, with a mortality of 5. Considering the severity of the climate, the prevalence of malaria and its many complications and the doubtful water supply of the people living in the interior, the general mortality could not be called excessive. The national vice of laziness and the absence of manufacturing establishments of any importance account for the small number of injuries, only 449 cases.

BEIRA.

Beira, at the mouth of the Pungwe River and a short distance south from the delta of the great Zambesi River, is the most important port of Portuguese East Africa. The little city is located on a narrow, sandy strip of land between the mouth of the Pungwe River, which serves as an excellent harbor, and Mazangzani Bay. The terminus of the Rhodesia Railroad here adds much to the commercial and shipping importance of the city. Most of the houses are solid two-story brick and cement buildings, with tile or corrugated iron roofs. There are only two or three horse vehicles here. The principal street bisects the city and has in the middle a narrow-gauge track of the man trolley cars, a great convenience for getting about the far-spun-out city and for the transfer of freight. Most of the professional and business men have their own private car and their own man to push it. Two persons can sit comfortably side by side, and in case of need a third can be sandwiched in between. There are only a few short sidewalks in the city, so that most of the walking must be done by wading ankle-deep in the loose, hot sand. At the time of our visit the heat was very oppressive. There are a few large stores, in which almost everything is kept which is most needed, but at prices which stun the visitor. Among the several hotels the Savoy and Queen's Hotel are the best. The table of the former, for such a place as this, is excellent, and the rooms are large and airy. A bank, several steamship offices and the railway office handle the bulk of the money. The prison, in the heart of the business part of the city, is a most unique building. It is small and has all the appearances of a neat chapel if it were not for the strong iron bars of the high, narrow and numerous windows. The city is only ten years old. The next city on the coast south from here, Sofula, was for several hundred years the port. The good harbor here made it necessary to transfer business and shipping to this place. A few kinds of hardy trees, cocoa palms, eucalyptus, acacia, wild almond, etc., have been planted and seem to thrive in this dry, hot, sandy soil. Most of the natives are kaffirs, black as coal and fine specimens of physical development and muscular strength. Most of the laborers wore nothing but a loin cloth, and this in most instances was none too wide.

Beira has an unenviable reputation as a fever nest. Mr. Bryce, who visited this place before the railroad was completed, made the statement that no white man could remain three consecutive days anywhere between Beira and the inland mountain plateau and escape an attack of fever. All the white people who have lived here for several years have had their good share of malaria. I examined a number of negro children and they all had the prominent abdomen seen in children living in malarial districts, and in all of them the enlarged spleen could be felt several inches below the costal arch. All the white

women I saw were pale, emaciated and evidently much enfeebled, as was shown by their drawn faces and languid walk. Their little children were in the same condition. Several of the sisters in the hospital were very anemic, poor in flesh and none too strong for the arduous duties in care of the sick in their charge.

Beira is one of the hottest places on the coast. The hottest months are December and January. At this time the thermometer not infrequently registers 120 F. in the shade, and I was told that eggs placed on the hot sand and exposed to the burning rays of the sun were cooked hard in a short time. Throughout the year it is disagreeably warm from 10 o'clock in the morning until 4 in the afternoon, and during this time the people remain in their houses and very little work, if any, is done. Even the postoffice officials have their midday siesta. The mealtimes are so arranged that they do not interfere with the working hours. The first plain breakfast early in the morning is followed by a second one at 11:30 a. m., which is a substantial meal. Dinner is served late in the evening.

BEIRA GOVERNMENT HOSPITAL.

Beira has only one hospital, which was built and is maintained at government expense. It is beautifully located in park-like grounds and faces the principal street on one side and on the other side the bay. The hospital was built ten years ago at a cost of \$25,000 and has room for sixty patients. At present, the coolest and healthiest season of the year, the number of patients does not exceed thirty, and most of these are suffering from malaria. The government physician, Dr. José Arango de Lacerda, is in charge of the hospital and the nursing is under the care of five Sisters of St. Francis. The hospital consists of two one-story brick and cement barracks, one for the whites and the other for the blacks. The cots in the latter building are the narrowest I have ever seen, hardly eighteen inches in width. The framework is made of iron bars, on which a piece of canvas is stretched. Each cot is supplied with two white sheets and a pillow, and the patients on these, the narrowest of all beds, appeared to be comfortable. Simple and plain as these beds are, they must seem a luxury to the blacks, who know no softer bed than a mat on the bare ground. In the cottage for the whites are a number of plainly furnished but very comfortable private rooms, for which a charge of \$5 a day is made. In the little wards the second-class patients pay \$1 a day. Few of the negroes are able to pay anything, and as this class of patients during the year is large they become a heavy tax on the financial resources of the hospital.

I saw and examined here patients suffering from malaria in all its multitudinous forms. In the acute form the temperature curves were nearly the same in all cases. A chill, followed by a temperature of 40.8 C., then under quinin treatment a speedy fall to normal. Dr. Lacerda, like Dr. Amaral, relies largely on the subcutaneous use of quinin in doses of seven and one-half to fifteen grains, administered once or twice during twenty-four hours. In some cases quinin is given at the same time by the mouth, and to prevent its being ejected by vomiting it is mixed with pulverized gentian. If, as is often the case, a light icterus makes its appearance, three grains of calomel are given, followed by a saline cathartic. In the beginning of the attack evaporating camphorated lotions are employed to reduce the high temperature, and phenacetin is given to relieve the intense headache. In chronic cases arsenic is frequently used in combination with quinin. In the pernicious form of malaria the system is saturated as quickly as possible with quinin, given subcutaneously and by the stomach, so that the patient receives at least forty-five grains during the first twenty-four hours. One case of blackwater fever was under treatment and well on the way to recovery. Beside malaria, I found in the ward for the natives a case of advanced pulmonary tuberculosis, parenchymatous mammitis in a syphilitic woman, tropical abscess in a boy about 12 years old and a case of chronic dysentery. In front of this ward we saw squatting on the sand an old negro, a mere skeleton, evidently the subject of some mental derangement. He refused to eat rice, meat and other nutritious articles of the hospital diet, but made his evening meal of black coffee and a piece of bread, which he tore in pieces and

moistened in the black fluid. Dr. Lacerda has never seen a case of carcinoma or appendicitis in the negro, and believes that these diseases do not affect the race. Typhoid fever is unknown here.

The drinking water is obtained from a subterranean cement cistern, in which the rainwater is collected. For other purposes the water is obtained from a well on the hospital grounds. The sisters live in a separate building. In another completely detached small building are the bathrooms and closets. The wash-house is in an open shed, in which there are a number of large cement tubs, in which the native employés do the washing by hand in the customary primitive way. Provision for postmortem is made in a small morgue, where two large slab tables were waiting for the next victims, who will not be long in coming. The hospital has a large dressing-room, where the outdoor patients are attended to and where the few operations are performed, as there is no room set aside for this special purpose. Dr. Lacerda said that during the year not more than two capital operations are performed. From all I have seen the east coast of Africa is no place for surgery. The physician who has a thorough knowledge of malaria and its treatment, and is well-grounded in the diagnosis of syphilitic affections and the rational use of mercury and potassic iodid, and who can treat most successfully blennorrhœa without leaving any of its many complications, is the man most needed, and he will meet with the greatest success financially, and in gaining a permanent and widespread reputation, for malaria and syphilis are the white pests of the coast.

(To be Continued.)

State Boards of Registration

COMING EXAMINATIONS.

WYOMING State Board of Medical Examiners, State Capitol, Cheyenne, September 5. Secretary, S. B. Miller, Laramie.

MASSACHUSETTS Board of Registration in Medicine, State House, Boston, September 11-12. Secretary, Edwin B. Harvey, Boston.

IOWA State Board of Medical Examiners, Capitol Building, Des Moines, September 11-13. Secretary, J. F. Kennedy, Des Moines.

OKLAHOMA Board of Medical Examiners, Guthrie, September 25. Secretary, J. W. Baker, Enid.

NEW YORK Boards of Medical Examiners, Albany, September 25-28. Chief of Examining Division, Charles F. Wheelock, Albany.

Connecticut July Report.—Dr. Charles A. Tuttle, secretary of the Connecticut Medical Examining Board, reports the written examination held at New Haven, July 10-11, 1906. The number of subjects examined in was 7; total number of questions asked, 70; percentage required to pass, 76. The total number of candidates examined was 37, of whom 28 passed and 9 failed. The following colleges were represented:

College.	PASSED.	Year.	Per Grad.	Cent.
Yale University	(1905) 81;	(1906) 78,	83.2,	85.2
University of Maryland	(1906)			77.5
Johns Hopkins Med. School	(1906)			86.8
Baltimore Med. Coll.	(1906)	75.2,	76.8,	78.4
College of P. and S., Baltimore	(1906)	76.6,	82.1,	
Harvard University Med. School	(1896)	81.7,	86.2,	
Dartmouth Med. Coll.	(1905)			75.4
Cornell University	(1906)			81.3
Long Island Coll. Hosp.	(1906)			83.1
University and Bellevue Hosp. Med. Coll.,	(1896) 76.4;	(1906) 83.2,		
College of P. and S., New York,	(1904) 84.1,	(1905) 85;	(1906)	85.3, 85.4.
Jefferson Medical College	(1906)	81.3,	82.6,	84.1
University of Pennsylvania	(1904)			76.7
McGill University, Canada	(1906)			78.6
University of Vienna	(1902)			82.1
FAILED.				
College of P. and S., Chicago	(1905)			71.9
Maryland Med. College	(1897)			74
Baltimore Med. Coll.	(1906)			70.8
College of P. and S., Baltimore	(1906)	72.8,	73.9,	
Tufts Med. Coll.	(1905)			69.3
Jefferson Med. Coll.	(1906)			71.5
University of the South	(1905)			71
College of P. and S., Boston	(1906)			52.1

The following questions were asked:

PRACTICE, PATHOLOGY AND DIAGNOSIS.

1. Etiology, symptoms and treatment of cholera infantum.
2. Contrast the symptoms of exophthalmic goiter and myxedema.
3. Give the symptoms and pathology of each of the three stages in acute lobar pneumonia.
4. Differentiate between scarlatina, rubella

and rubella: (a) Length of period of incubation of each. (b) Symptoms of the stages of: 1. Invasion; 2. eruption; 3. desquamation. (c) Principal complications and sequelæ. 5. Give the changes in the blood of pernicious anemia. 6. State the point of greatest intensity and direction of transmission of the following heart murmurs: (a) Aortic diastolic. (b) Mitral systolic. 7. Causes of pulmonary edema. 8. Causes of infantile convulsions. 9. Define aphasia and give its different forms and the seat of the lesion of each. 10. Treatment of eczema both constitutional and local.

PHYSIOLOGY.

1. Describe the red blood corpuscles, (a) as to origin and fate, (b) form, (c) size, (d) number, (e) function. 2. What are the agents concerned in the circulation of the blood? 3. Describe normal pulmonary sounds. 4. Define primary anemia, and how is it distinguished from that known as secondary? 5. What and where are Brunner's glands? (b) Peyer's patches? (c) The functions of each? 6. What are the influences necessary to increased urinary secretion? (b) What is the most important ingredient in urine, and what does it represent? 7. State the function of (a) the vas deferens, (b) the vesiculae seminales, (c) the prostate gland. 8. Classify nervous functions. (b) What are reflex centers? (c) What are automatic centers? 9. Through what channels and by what processes are the end products of digestion conveyed to the blood? 10. Discuss the characteristic features of the fetal circulation, (a) ductus venosus, (b) ductus arteriosus, (c) the foramen ovale, (d) the hypogastric arteries, (e) the umbilical vein.

MATERIA MEDICA AND THERAPEUTICS.

1. What is the physiologic action of cocaine? 2. What are the symptoms of iodism, and how prevented while continuing the drug? 3. Contrast the action of belladonna and opium. 4. Give the treatment of acute nephritis. 5. Name the different preparations of mercury and their doses. 6. Name three drugs whose action differs in promoting diuresis. Give an example of each. 7. Give the treatment of the following intestinal parasites: (1) *Tænia solium*. (2) *Ascaris lumbricoides*, (3) *Oxyuris vermicularis*. 8. What are the therapeutic uses of acouite? 9. Therapeutic uses of compound jalap powder, its composition and doses. 10. Physiologic action of jaborandi; its therapeutic uses.

ANATOMY.

1. Describe the differences between the sacrum of the male and that of the female. 2. Give the minute anatomy of the skin. 3. What veins return the blood from the head and face? 4. Give a general outline of the trifacial nerve, mentioning its principal subdivisions: make open drawing. 5. Describe the tongue, (a) structure, (b) muscular connections, (c) nerve supply, (d) blood supply. 6. What are the valvulae conniventes and how are they formed? 7. What is a femoral hernia? Mention the covering of the same from without, inward. 8. Give the relations of the heart to adjacent organs and tissues. 9. Describe the pancreas. 10. What is the abdomen? Describe its boundaries, its regions and parts included in each. Make a sketch.

OBSTETRICS AND GYNECOLOGY.

1. Define and give the pathology of: (a) Pelvic hematocoele; (b) pelvic hematoma. Give treatment for each. 2. What are the factors in the production of pyelitis in pregnancy? At what time does it occur, and which kidney is more often involved? 3. Is the eclampsia in pregnancy due to renal or extrarenal conditions? What are the most recent theories as to its cause? 4. What are the varieties of fibroid tumors: (a) Signs and symptoms? (b) The treatment for the hemorrhage. 5. Describe the cause and mechanism of (a) rotation and (b) expulsion of the head in the second stage of labor. 6. Describe (a) hematophilla, (b) cephal-hematoma, (c) meningocele. 7. Define Bandl's ring. Explain how it retards labor. 8. Give the technic of the various methods of pelvicmetry. 9. What are the characteristics of a hydrosalpinx? 10. Discuss ophthalmia neonatorum and the practical importance of its prevention.

SURGERY.

1. Give symptoms of surgical shock and explain their significance. 2. Describe the various ways of arresting hemorrhage. 3. Discuss local anesthesia, and describe the technic of its application in some major operation. 4. Describe the technic of ether narcosis, and give contra-indications to the use of the drug. 5. Describe Allis' or Pielow's method of reducing outward dislocation of the hip joint, explaining the reason for each step. 6. Name the symptoms and signs which in your judgment would require immediate operation in a case of appendicitis. 7. What history and what present condition would lead you to advise operation in a latent or arrested case of appendicitis? 8. Symptoms and treatment of fracture of the clavicle? 9. Give the early symptoms of cancer of the stomach. 10. Give the symptoms and signs of strangulated inguinal hernia and describe a satisfactory operation for the condition.

CHEMISTRY AND HYGIENE.

1. Name the portals of entry in tuberculosis. How is bovine tuberculosis transmitted to mankind? 2. Give the formula for salt. What is its function in the animal economy? How is its presence demonstrated in the urine? 3. What are: (a) normal salts? (b) acid salts? (c) basic salts? (d) double salts? 4. Do the various fruits of the market infect the intestinal canal? How would you render the strawberry free from parasites and ova? 5. Describe hemoglobin. Name some of its properties. How is it changed to oxyhemoglobin? Give in detail the best test for it. 6. What conditions should condemn water for drinking purposes? 7. What is glycerin, butter, lecithin? Explain their relations to the fats. 8. Which is the most common poisonous compound of arsenic? How does it enter the system? Give symptoms and treatment. 9. What is uric acid? Does it occur free in the urine? What does its presence in the urine indicate? 10. What is the amount of CO₂ in the atmosphere? How does it vitiate it in crowded rooms? To avoid atmospheric vitiation, how much space should be allowed occupant of dormitories and hospitals?

Colorado July Report.—Dr. S. D. Van Meter, secretary of the Colorado State Board of Medical Examiners, reports the written and oral examination held at Denver, July 3, 1906. The number of subjects examined in was 8; total number of questions asked, 80; percentage required to pass, 70. The