necessity of having their claims to rebate witnessed by an officer."¹

This, I take it, means that any doctor who chooses to apply to the local taxing officer will be allowed to sign his declaration for rebate in the presence of any suitable witness, instead of, as heretofore, having to go to the taxing officer for the purpose.

I have ventured to write you this letter in order that medical men who may not happen to read the *Royal Automobile Club Journal* may be able to avail themselves of the advantages obtained for them by the Royal Automobile Club.

I am, Sir, yours faithfully,

P. LOCKHART MUMMERY.

Cavendish-place, W., July 24th, 1912.

AN APOLOGY FOR SILENUS.

To the Editor of THE LANCET.

SIR,—Those who know the Louvre will recollect the bronze antique, in the Collection Thiers, that purports to be a statuette of Silenus, and is excellently pictured in Richer's "L'Art et la Médecine." The Phrygian deity is usually represented, by moderns at any rate (Rubens, to wit), as a fat little old man with a bald head. But in this case he appears as an obese person whose body and limbs are those of a perfectly proportioned, and attractive though chubby, child, while the head is that of an adult, and so about a "fourth" instead of the usual "seventh." Hair is represented on the face and scalp, but there is none on the pubes, while the genitals are infantile.

Richer, at the time he wrote his book, seems to have been puzzled, for he says that the figure seems not to be either that of myxœdema or of ordinary obesity, but that of an incomplete and abnormal being. Certainly, a few years ago the statuette must have seemed the offspring of the sculptor's fancy rather than of his observation; but to-day it clearly stands for the representation of a case of dyspituitarism, with genital infantilism and obesity, of the type that, since Cushing's very latest work, we must associate with insufficiency or disturbance of the posterior lobe. The extreme fidelity of the artist is shown by his recognition of the fact that the face may be hairy while the pubes is bare. But incidentally, Silenus's thirst is to be explained. Obviously there was polyuria—and polydipsia. "Tout comprendre est tout pardonner."

I am, Sir, yours faithfully,

Welbeck-street, W., July 25th, 1912. F. G. CROOKSHANK.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

Kincardine and the Provision of Sanatoriums.

At a meeting of the Kincardineshire county council held on July 25th Dr. W. A. Macnaughton, the medical officer, reported upon the Local Government Board's recommendation on the requirements of the county area with regard to the prevention, detection, and treatment of tuberculosis. In respect of the existing means in the county for the treatment of tuberculosis: (a) there were no beds available in existing institutions; (b) no dispensary or out-patient departments; (c) no medical or nursing staff for home attendance or visitation. During the ten years 1902-11, the average number of deaths from phthisis was 29.5, in addition to which there was a further considerable mortality due to other forms of tuberculosis, no fewer than 105 deaths being registered within the whole county in the said ten years owing to that cause. This gives a total of 400 deaths due to all forms of tuberculosis during the ten years 1902-11 among all classes and at all ages, or an average of 40 deaths per annum. Sanatorium treatment has hitherto been mainly carried out with phthisical cases, and assuming that, according to Dr. A. Newsholme's estimate, the number of cases of phthisis requiring active treatment in any year is three times the number of deaths, there will be on an average 88 cases of phthisis requiring to be dealt with in the course of each year. The Departmental Committee on Tuberculosis considers that it is advisable to provide in the immediate future 1 bed per 5000 of the population. For

the purposes of this Act the population of the county may be taken as 30,000, and the minimum number of sanatorium beds immediately required for curative purposes according to this recommendation is therefore six. Prolonged residence in a sanatorium is not contemplated, and the stay of the patient therein is mainly for educative purposes, and need not exceed two or three months. In this way something like 36 patients might receive instruction in the course of a year in the hygiene of the treatment. Dr. Macnaughton submits the following outlines of a scheme of completely correlated administrative action against tuberculosis: 1. A tuberculosis officer at an estimated salary of £250 per annum, whose duty would be to organise the methods of detecting and treating the disease. Dr. Macnaughton submits that such an officer should be appointed as assistant medical officer of health for tuberculosis purposes. He should have rooms in the more populous centres, where periodic visits can be made, and where patients can be examined and advised. Such seems to be the best form of dispensary for the area. 2. As to sanatorium, Dr. Macnaughton suggests that, as the Departmental Committee on Tuberculosis strongly advises that an individual sanatorium should not contain fewer than 100 beds, and that there should be a residence for a medical officer, the county should enter into a combination with other counties and boroughs for sanatorium benefits. Estimating the cost of maintenance per bed per week at 30s., and assuming that six beds are occupied continuously during the year, the cost of sanatorium treatment will be £468. 3. Shelter huts. Under suitable conditions, and where garden or other ground is available, home treatment may be, in all respects, sanatorium treatment. For the rural districts in the area this form of treatment appears especially applicable and desirable, and in Aberdeenshire there are now 20 shelters, at least, in use with very satisfactory results. It is estimated that ten shelters, to begin with, will be required under the scheme. At £15 each these shelter huts would cost £150. A grant in aid may be available for this purpose from the proportion allocated to Scotland of the £1,500,000 set aside for sanatoriums. 4. Hospital accommodation for advanced cases should be provided apart from the sanatorium. Within the grounds of the present isolation hospital at Stonehaven a separate pavilion for such cases could be erected. A wood and iron structure would suffice. As adequate ventilation would be provided it is not necessary to have as large a cubic space per patient as for other infectious diseases. A pavilion containing six beds (three for males and three for females), with administrative and other offices, is estimated to cost £600. A grant in aid for this purpose might be obtained from the £1,500,000 previously mentioned. One nurse (salary £30) and one probationer (salary £15) would be required. The special committee appointed to deal with the matter reported that in view of the attitude of the profession there might be some difficulty in getting medical men to work the scheme. Assuming that medical men were available, the committee recommended that ten beds instead of six should be provided, and that arrangements should be made for the work to be done by the medical officer of health and the school medical officer, who would be appointed assistant medical officer for the purposes of tuberculosis. The suggestion was also made that a joint sanatorium with the county of Aberdeen should be arranged.

Post-graduate Instruction at the Glasgow Royal Infirmary.

The autumn post-graduate classes at the Glasgow Royal Infirmary will commence in September. There will be 14 courses embracing not only clinical medicine and surgery and gynaecology, but nearly all the principal specialties.

St. Andrews University Court: the Inclusive Fee.

A meeting of the University Court of St. Andrews was held on July 25th, Principal Sir James Donaldson in the chair. The Court agreed to approve of the recommendation of the conference of representatives of the University Courts of St. Andrews, Glasgow, and Aberdeen, held at Perth on June 25th, on the subject of the proposed inclusive fees, and directed that this resolution be communicated to Lords and Commissioners of H.M.'s Treasury. In accordance with the suggestion of the conference, the court fixed the inclusive fee to cover the University instruction required by ordinance, other than the clinical course and the degree of M.B., Ch.B., at 90 guineas, and an inclusive fee for the clinical course at 40 guineas. These fees, it was resolved, should come into

¹ See Royal Automobile Club Journal, July 19th, 1912.