

Act. This would have the financial advantage that the drug part of the medical benefit could be dispensed with. There are, of course, certain difficulties in the way, but Mr. Lloyd George is not a man to be beaten by trifles, and he would doubtless get a large measure of support among the classes on which he can exert his hypnotizing influence if he proposed to repeal the Medical Acts.

SLEEPING SICKNESS.

On January 17th Dr. John Rennie, Lecturer in Parasitology at Aberdeen University, delivered an address on sleeping sickness and *Glossina*. He said the earliest known undoubted reference to the disease was to be found in a book, entitled *Physical Observations on the Coast of Guinea*, written by John Atkins, a naval surgeon. The disease was there recognizably described under the name of the "sleeping distemper." The work was dated 1742. The next reference to the disease was a description of it as observed in West Africa in 1803—100 years before the parasite transmitting the disease was identified. In 1882 its distribution from Senegal, on the extreme west to Loanda, including the islands in the Gulf of Guinea, was known, and in 1898 its existence on the Niger and at Stanley Falls, on the Congo, was noted. Having pointed out that sleeping sickness was clearly a West African disease, Dr. Rennie referred to its introduction into the eastern portions of the Continent. In 1900 it was discovered in Uganda, and at that time it was so widespread that it must have been in existence in that region for some time. Evidence showed that the northern shores of Lake Victoria Nyanza were infected about 1896. It seemed clear that the flies in Uganda were infected by Congolese followers of Stanley. Those men had contracted the disease where it was endemic. The outbreak in Uganda had all the characteristics of a newly imported disease, and spread in epidemic form with great rapidity, so that, after a duration of about six years, the population of the district was reduced from 300,000 to 100,000. At Entebbe in 1902 Bruce found that 30 per cent. of the population harboured the parasites—trypanosome—in their blood. Fifteen species of the *Glossina palpalis*, the tsetse fly, which was first suspected of transmitting the malady, were known. Their range on the north was restricted to a line drawn from Senegal, across to Lake Chad, and thence to about the fourth parallel on the east coast, and, on the south, to a line from about Cape Frio to Zululand. They had also been discovered in Southern Arabia. Dr. Rennie, in conclusion, alluded to the different methods of dealing with the scourge adopted in the infected areas. They included the establishment of segregation camps, the compulsory removal of the natives from the shores of Lake Victoria Nyanza, and the clearing, so far as possible, of the regions where the fly existed.

THE CLASSIFICATION OF CAUSES OF DEATH.

THE Registrar-General has issued to all Medical Officers of Health an official copy of the *Manual of the International List of Causes of Death* as adopted for use in England and Wales by Dr. T. H. C. Stevenson, Superintendent of Statistics. The object of the publication is to define the headings of the mortality tables in the annual report of the Registrar-General, and to enable Medical Officers of Health to prepare local tables on lines uniform both with each other and with those recently laid down for use in the General Register Office. The number of possible fatal diseases included in such a list as that contained in the *Nomenclature* of the Royal College of Physicians of London is so great that separate returns for each would be out of the question in tables showing the relation of causes of death to sex, age, locality, occupation, etc., either singly or in combination. Though it is not possible to obtain mortality-rates from a single well-defined locality, the comparison of mortality-rates from a single well-defined locality with those from a group of closely related diseases are more valuable for comparison than mortality from

groups, and that, therefore, the group headings are on the whole of much less importance than those relating to single diseases, yet grouping is inevitable in the preparation of tables, and this implies a certain amount of classification of disease. For this country the determination of the terms to be regarded as synonyms is supplied by the *Nomenclature*, but difficulties arise in respect of a large number of indefinite or otherwise objectionable terms excluded from the *Nomenclature*, but still used in death certificates. The *Manual* contains an index which refers the various minuter classifications, whether sound or unsound, to the various heads included in the table of the International List of Causes of Death, which underwent a second decennial revision at the conference in Paris in 1909. This list will not only facilitate the comparison of English mortality with that of other countries, but provide a common standard for the compilation of mortality statistics in this country, since the Local Government Board has already adopted it as the basis of the skeleton tables issued for the use of medical officers of health. The difficulty of arranging for the continuity of British records was felt to be an objection to the change, but it has been found possible to overcome this objection almost completely by subdividing a number of the titles of the international list. The continuity thus secured is substantial, though not absolute; none of the minute differences unprovided for are of any substantial importance, and are of less magnitude than many changes which the necessary development of the lists hitherto in use in the General Register Office has from time to time involved. Dr. Stevenson, in his introduction, refers to the definition of primary and secondary causes of death. The following note on the subject occurs in the "Suggestions to Medical Practitioners Respecting Certificates of Cause of Death," issued last October: "By 'primary cause of death' is meant (in the case of deaths from disease) the disease present at the time of death, which initiated the train of events leading thereto, and not a mere secondary, contributory, or immediate cause, or a terminal condition or mode of death. Acute specific diseases, if of recent occurrence, are to be considered the primary cause of death, even though the actual disease, as tested by power of infection, be no longer present at the time of death—e.g., measles (primary), five weeks; bronchopneumonia (secondary), ten days. A terminal condition or mode of death should not be entered as a secondary (or contributory) cause. In a very large proportion of instances the statement of the primary cause gives all the information required; in these cases nothing is gained by adding as a secondary cause such a condition as syncope, heart failure, coma, exhaustion, etc. Thus a certificate of pulmonary tuberculosis is not improved by addition of 'exhaustion' as a secondary cause, though if a complication such as 'pneumothorax' had supervened this should be noted as a contributory cause of death." Any medical officer of health who has not received a copy of the *Manual* should apply to the Registrar-General, General Register Office, Somerset House, London, W.C.

THE WORLD'S GREATEST MEN.

BOSWELL, in his *Life of Samuel Johnson*, says: "Once, when checking my boasting too frequently of myself in company, he said to me: 'Boswell, you often vaunt so much as to provoke ridicule. You put me in mind of a man who was standing in the kitchen of an inn with his back to the fire, and thus accosted the person next him: "Do you know, Sir, who I am?" "No, Sir," said the other, "I have not that advantage." "Sir," said he, "I am the great Twalmley, who invented the new floodgate iron."'" What the great Twalmley was so proud of having invented was a kind of box-iron for smoothing linen. This, as might be expected, would appear to be Mr. Carnegie's idea of greatness. Some time ago he drew up a list of those whom he considered the twenty greatest men whom the human race had as yet produced. The list is as follows, the names being placed, we presume, in order of merit: