Act. This would have the financial advantage that the drug part of the medical benefit could be dispensed with. There are, of course, certain diseases in the way, but Mr. Lloyd George is not about to be beaten by trifles, and he would doubtless do 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 1883 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 1886. 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—trypanosomase—in their blood. Fifteen species of the Glossina palpalis, the tse-tse 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 coast, and, on the south, to a line from about Cape Trio 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 used for use in England and Wales by Dr. T. H. C. Stevenson, intendent 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. Tables showing the relation of causes—age, locality, occupation, etc., either singly or in combination. Though it is “utility—rates from a single well-defined group, of closely related diseases are more comparison from mortality from