

British Medical Association at Glasgow is alcohol in its relation to certain social problems. Perhaps one of the most interesting of these is in its relation to Infantile mortality.

Professor Louise McIlroy, M.D., D.Sc., said that it was extremely difficult to dogmatize on this subject of alcohol for the reason that it was so bound up with other questions, such as problems of illegitimacy and venereal disease, all of which meant a bad environment for the child after it was born. But she wished to impress upon the Section the enormous importance of knowing what the condition of the mother was before the child was born. She had not the slightest hesitation in saying that if she were given the responsibility of looking after the children of the country, she would rather surrender the responsibility of looking after the children after they were born than give up her control of the conditions for the nine months previous to their birth. More pre-natal care would mean greatly lessened mortality after birth. Ante-natal clinics offered one of the solutions of the alcohol problem. Alcoholism in the mother during pregnancy must have an enormous effect on the child. How could a mother soaked in alcohol be expected to bear a healthy child. The child came into the world with a "bad life." This effected the State in two ways. Alcohol prevented conception. If conception occurred, it was difficult to carry on the fœtus to full term. The placenta was poisoned, and, naturally, the child was poisoned too. The effect of alcohol on the sperm or male cell must be guessed at to a certain extent. It was possible that alcoholic parents had devitalized children. Maternity cases in which the women were habitual drunkards gave those in charge of them enormous anxiety. The muscles were poisoned with the toxæmia, and those in attendance were compelled to have resort to all kinds of obstetrical operations, diminishing the child's chances. To her own mind fœtal welfare and fœtal mortality were far more important subjects than infant welfare and infant mortality.

ARSENIC IN CRIME FOR 1,700 YEARS.

A striking paper on arsenical poisoning, read by Sir William Willcox recently before the Medico-Legal Society, is reported in the *Lancet*.

Arsenic, said Sir William, was one of the commonest and oldest known poisons; it was believed to have been discovered in the third century. It was almost tasteless, and could be introduced into food without fear of it being detected by those taking it. As the symptoms following closely stimulated those of disease, it had been a favourite homicidal poison for centuries.

Of 1,000 cases of arsenical poisoning collected between 1752 and 1911, 42 per cent. were homicidal, 23 per cent. suicidal, 20 per cent. accidental and in 10 per cent. of the cases the motive was not ascertained. Those figures, however, could not express the true proportions, as the suicidal and accidental cases were not usually reported.

For criminal purposes the most common preparation used was arsenious oxide, a white powder, almost tasteless, and slightly soluble in water, which could be added to food without fear of detection. It was required to be coloured by soot or indigo before being sold, but sometimes, as in the recent Armstrong case, this was not carried out. The symptoms of arsenical poisoning varied a good deal as to their sequence and the period of their onset, hence no rigid rule could be stated.

When one or two grains were taken by the mouth nausea was usually the first result, and it might occur within a few minutes of taking the poison. The time of onset of the symptoms depended on the state of the stomach when the poison was taken. If it was empty, symptoms would quickly follow; if a meal had just been taken, or if the arsenic was in a solid form, symptoms would be delayed.

One case was related by Sir William, in which 180 grains were accidentally taken in milk. The symptoms followed were treated so that death was postponed until three and a half months after the arsenic was taken, showing that the main action had been that of a protoplasmic poison. A single dose of 2 grs. of arsenious oxide had caused death in a healthy adult, and this was usually accepted as a possible fatal dose. A certain quantity of arsenic if given in solution and spread over a short period in its administration was much more likely to prove fatal than the same amount taken in one dose.

It was impossible to state what was the fatal period, as so many factors influenced it. Usually the end came in three days, but in a case of repeated small doses death might be postponed for many days. In one case death occurred 20 minutes after the taking of a large dose, whereas in another (previously mentioned) after a dose estimated at 180 grs. death did not occur for three and a half months.

NEW MEMBERS

No.	NAMES.	ADDRESS.	TRAINING SCHOOL.
1.	Miss Rose M. Bowles.	Khanpur Gate, Ahmedabad, Gujarat.	Hospital of the Good Samaritan, Los Angeles, California, U.S.A.
2.	Mrs. Jankibai Nath.	L.L.B. Memorial Hospital, Fatehpur, W. P.	Memorial Hospital, Ludhiana.
3.	Miss Winifred M. Rath.	Diamond Jubilee Hospital, Srinagar, Cashmere.	Memorial Hospital, Ludhiana.