

organisms, but as regards the other three it appeared that the vitality of the bacilli did not depend on the nature of the soil, but solely on its moisture. It is important to observe that throughout the research the soils were thoroughly sterilised. The influence of other organisms in the struggle for existence which takes place in decaying organic material was thus eliminated. No doubt the simplification of conditions and issues is very desirable in experiments of this nature, but cultures of the cholera bacilli in unsterilised soil, in fæces, and in unsterilised milk indicate that in this struggle these are very prone to succumb, and that other organisms soon gain the mastery and cause the extinction of the comma bacilli. The "soil" in which this organism seems to revel—namely, an alkaline emulsion of intestinal mucus—is very different from any sandy or humous material which can be found in Nature or prepared in the laboratory; and test tube experiments are a very remote imitation of what may happen on or in the ground under varying climatic and other conditions. One glaring defect in the research was that no analysis appears to have been made of the soils which were employed, more especially of the amount and kind of the organic material contained in them. No explanation was forthcoming regarding the lethal influence which peat exercised on these organisms. The fact seems beyond question, and it is a speculation of no slight interest and importance whether other soils or ingredients contained in them possess a similar power of killing or hindering the development of these and other pathogenic organisms. Notwithstanding these and many other considerations which might be adduced, we are by no means sure that Dr. Dempster did not exercise a wise discretion in limiting his research in the first instance to the simple question of moisture, and the results obtained are in harmony with experience of cholera prevalence in India. Dr. Scriven, from the knowledge gained during twenty years' service at Lahore, was able to inform the meeting that a hot air and dry soil with subsidence of soil water, were conditions inconsistent with cholera prevalence in the Punjab, and that the disease flourished there during the rains, when atmosphere and soil became moderately, and not excessively, moist. Dr. MacLeod, who drew his experience from twenty-six years' service in Lower Bengal, pointed out that while in the Punjab desiccation of soil and the fierce heat of summer were inconsistent with the prevalence of cholera, which disappeared or remained altogether in abeyance during the hot and dry season, it was only exceptionally that these conditions prevailed in Bengal to such a degree as to cause a fall or decline in the intensity of the disease, which was pre-eminently present in the delta. Excess of moisture, causing saturation of soil and rise of soil water to or above the ground level, was a much more potent cause of cholera suppression than heat and desiccation. But other conditions, more especially the temperature of the air and soil, had a marked effect on cholera prevalence, so that there seemed to be a range of temperature and soil moisture within which cholera was prone to flourish, while an elevation or decline of either factor, above or below this range, appeared to exert an inhibitive influence. The coexistence or otherwise of these two conditions, as had been shown by a detailed inquiry conducted by Drs. Lewis and Cunningham, appeared to account for the seasonal rhythm of cholera in Lower Bengal, which presented two periods of aggravation, and two periods of mitigation, especially in large cities, such as Calcutta and Dacca, from which cholera is never absent.

While, therefore, we welcome Dr. Dempster's research as an interesting and useful contribution to the great question of cholera causation, it is important to bear in mind that this question is an exceedingly complex one, and that many factors must be taken into account in our endeavour to solve it.

Several parts of the human body are already thought worthy of a journal all to themselves. As specialisation increases, perhaps each disease will require its own organ. Dr. Valenzuela, of Madrid, has set the example by starting a journal devoted to phthisis. It is to be entitled *Revista de Tisiologia*, and is to appear quarterly—on January 1st, April 1st, July 1st, and October 1st.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

THE members of Council who have served eight years, and therefore retire in July, are Mr. Lund, Mr. Reginald Harrison, and Mr. Marsh, who was elected in 1892 as substitute member filling the vacancy caused by the death of Mr. Berkeley Hill, elected in 1886.

The following are the twenty-four members of Council, three of whom retire yearly:

- President*.—Mr. Hulke; *Council* (1) 1881, (2) 1889, *President*, 1893.
Vice-Presidents.—Sir W. MacCormac; C. (1) 1883, (2) 1891. Mr. Macnamara; C. (1) 1885, (2) 1893.
Other Members of Council.—Sir T. Spencer Wells; C. (1) 1871, (2) 1879, (3) 1887; P, 1882.
 Mr. Lund; C. (1) 1873, (2) 1886.
 Mr. J. Hutchinson; C. (1) 1873, (2) 1887; P, 1889.
 Mr. Cadge; C. (1) 1880, (2) 1888.
 Mr. Bryant; C. (1) 1880, (2) 1888; P, 1890-92.
 Mr. Thomas Smith; C. (1) 1880 (substitute), (2) 1884, (3) 1892.
 Mr. Christopher Heath; C. (1) 1881, (2) 1889.
 Mr. Durham; C. (1) 1884, (2) 1892.
 Mr. Pemberton; C. (1) 1885, (2) 1893.
 Mr. Reginald Harrison; C, 1886.
 Mr. Willett; C, 1887.
 Mr. Pick; C, 1888.
 Mr. Howse; C, 1889.
 Mr. Langton; C, 1890.
 Mr. Mitchell Banks; C, 1890.
 Mr. Rivington; C, 1891.
 Mr. Jessop; C, 1891.
 Mr. Howard Marsh; C, 1892 (substitute, see above).
 Mr. Tweedy; C, 1892.
 Mr. Mayo Robson; C, 1893.
 Mr. Henry Morris; C, 1893 (substitute for Mr. Marcus Beck, elected 1890).

We understand that of the outgoing candidates Mr. Harrison and Mr. Marsh will seek re-election, but that Mr. Lund will not. Mr. Norton (St. Mary's) will, we learn, offer himself for election.

The members may be classified thus:

1. Members of Council attached to medical schools in London:	
St. Bartholomew's	4
Guy's	3
St. Thomas's	1
University College	2
Middlesex	2
St. George's...	1
Westminster	1
London	2
Total number attached to London schools ... 16	
2. Members attached to special hospitals in London	2
3. Provincial members	6
Total ... 24	

ARCHÆOLOGICA MEDICA.

VIII.—JOHN OF VIGO: HIS ENGLISH TRANSLATOR AND BOOKSELLER.

Few books on surgery have a greater interest for the student of English history than the first edition of Vigo's works in English, which appeared in the year 1543. Few works, however, have fallen into more complete oblivion; it escaped the notice of so great an antiquary as Anthony Wood 200 years ago, it was unknown to Johnson the typographical historian. Gurlt and Hirsch do not mention it in their *Biographical Lexicon*. Copies of it, however, exist in the library of Royal College of Surgeons of England, and in a neglected condition in the library of Royal Medical and Chirurgical Society, and it is to be seen from time to time at exorbitant prices in the catalogues of second-hand booksellers. The work is of interest on account of the author and his subject matter, because of the translator and his fate, and lastly because of the bookseller by whom it was issued.

The main details of the life of Giovanni de Vigo are well known. Born at Rapallo about 1460 his skill in surgery was first recognised during the siege of Saluzzo in 1485 and 1486. Cardinal Giuliano della Rovere, afterwards Pope Julius II, attached him as chief surgeon to his train, thereby affording him that insight into Italian life which enabled him to write his masterly account of the new disease known as the French pox. His fame was established by the publication at Rome in 1514 of his *Practica in Arte Chirurgica Copiosa Continens Novem Libros*, a work which ran through many editions, and