

choose to let him go up on the chance and he is found not to come up to the standard, we really do not see that they have any right to complain. In the matter of vision, the minimum required is one-fourth of the normal without glasses. This can hardly be called excessive. *Truth* goes on to say that "there ought to be some means of ascertaining at least a year or two before the examination whether a boy has any constitutional defect which is likely to disqualify him." To which we reply that a perfectly trustworthy means of obtaining the desired information is at hand in the person of the family doctor. If this oracle is not considered to be of sufficient authority, the opinion of a specialist can be got for a couple of guineas.

LIABLE TO RECALL.

We understand that several medical officers "liable to recall to service" have been warned that their services may be required. We do not suppose this means we are on the brink of "national emergency," but rather that, the undermanning of the department being already serious and candidates for vacancies not forthcoming, the War Office is driven to draw on the reserve to keep the peace establishment going. Under any circumstances the matter is sufficiently serious, and the Secretary of State for War should be asked for an explanation.

THE BRITISH ARMY IN INDIA.

The *Times* correspondent at Calcutta, telegraphing under date of March 17th, says that the annual report of the Sanitary Commissioner to the Government of India for 1894 shows that enteric fever caused 36 per cent. of the deaths among the British troops. The ravages of venereal disease among the garrison were worse than ever. There were over 3,000 men constantly in hospital from this cause. The rate of admission per 1,000 rose to 511, as compared with 466 in the previous year. Only 26,000 men out of 70,000 were returned as never having suffered from this disease. The garrison is practically weakened by three regiments from this cause alone.

CHITRAL HONOURS.

INDIAN points out that, out of fifty-four honours and promotions for the Chitral relieving columns, the medical share is two C.B.s to the senior officers of the British and Indian medical services; not one of the juniors is recognised. Of course in the defence Surgeon-Major Robertson gets a K.C.S.I., and Surgeon-Captain Whitchurch the V.C.—both thoroughly deserved and simply their due. Is it not bad policy to ignore the junior medical officers?

HALF AND QUARTER CONTRACT RATES.

V. M. S. writes: It is unfortunate that these terms are inaccurate and misleading. The War Office is so much in bad odour with the medical department of the army that it is doubly to be regretted that a lax way of expressing terms should make what is really fair dealing appear to be quite the contrary.

Some years ago a friend of mine was engaged to attend troops "at half contract rates." I uttered a howl of indignation at the apparent breach of faith, but after a long time I found out that the appointment was to attend half the troops at full contract rate, the other half being under the care of the army surgeon. Last year I was asked to undertake similar duties in the absence of the second medical officer at the station, and I was paid at half contract rate on all the troops, or in other words, full rate for the half of the garrison on my list. The War Office should alter the expression, and so avoid the semblance of breach of faith.

MEDICO-LEGAL AND MEDICO-ETHICAL.

A PROFESSIONAL FEE.

DR. OLPHERTS, of Downpatrick, was asked by a constable to attend the police court as a witness. He did so, but he was not examined. He asked for his fee, but was told that the necessary certificate could not be issued. An application to the Chief Secretary by the Irish Medical Association has resulted in an order being issued for payment.

MEDICAL DISPENSARY.

A CORRESPONDENT writes: Enclosed handbill is being extensively circulated in this town. It is not likely that the advertiser will do any harm to the practitioners who are resident here, but such practices are very degrading to the profession, and I should like to know if any means could be adopted to stop them.

** The circular enclosed by our correspondent is one of the kind not infrequently adopted by unqualified practitioners of the herbalist class, and specifies the fees for advice and medicine. We should have had no doubt that it was a quack advertisement if our correspondent had not referred to the issue of the circulars as being degrading to the profession, thereby we think implying that the circulars were distributed on behalf of a qualified practitioner. If this be so the matter should be referred to the College or body from which the qualification to practise was derived: giving facts as to the distribution capable of being proved. If the person named in the circular is not qualified, then proceedings would probably be taken by the Medical Defence Union under Section 40 of the Medical Act, 1858, for the unqualified assumption of a medical title, or by the Society of Apothecaries on evidence of unqualified practice being placed before them.

WHAT IS A POST-MORTEM EXAMINATION?

SENEX (Antigua) sends us a communication, from which it appears that the body of a young girl, with a scalp wound, was found floating in the sea near the shore of the island, and the coroner ordered the medical witness to make a *post-mortem* examination to discover the cause of death. This witness examined the wound carefully, cut down upon the bone, and found that the wound was quite superficial, that there was no contusion or ecchymosis about the parts or under the wound, and he came to the conclusion that the wound was caused after death. No further examination was made, except externally, and the witness expressed the opinion that, from the age, history of case, and appearance of the body, the death was caused by suffocation from drowning. Our correspondent further says, "Medical witnesses in this colony are not entitled to any fee for giving evidence at an inquest in the absence of a *post-mortem* examination, and it has become a question whether the doctor in the case above cited did or did not perform certain services which constitute an examination after death, and for which he can claim remuneration."

** When a *post-mortem* examination is ordered by the coroner, or is required for any medico-legal purpose, it is presumed that such an examination will be a complete one. The order given by coroners in England states as follows: "You are required to make or assist in making a *post-mortem* examination of the body, which shall comprise an examination of the viscera, of the head, chest, and abdomen, and, if necessary, an analysis of the contents of the stomach, and report thereon at the said inquest." We think, therefore, that if our correspondent or any of his colleagues desire to claim the fee for a *post-mortem* examination it should be a complete one.

REMOVAL.

C. C. W. writes: 1. I am removing my surgery; would it be unprofessional to send circulars to my own patients intimating the change? 2. Would it be unprofessional or in bad taste to have my consulting hours engraved on my doorplate?

** When impracticable to notify personally the intended change, the most unexceptionable mode is to transmit an autograph note, or a well-executed *facsimile* thereof on notepaper, to the *bond fide* patients, of the practitioner's new location. In reply to the second query, although the *Code* is silent on the point in question, the innovation appears to be undesirable.

A QUESTION OF CONTRACT.

ARISTIDES asks for our opinion on the following case: A certificated nurse, holding the diploma of the Obstetrical Society, is engaged for March 25th, 1896, by a lady who expects her confinement on or about that date. This lady, having miscalculated her time, is taken with labour pains on February 20th, and sends for the nurse, who is unable to come as she is engaged with another lady and will not be free until March 14th. The nurse subsequently applies to the lady for her fee (£5) for a month's attendance, but is refused. The nurse was quite prepared to go to the lady on the date she was engaged for—namely, March 25th—but not before, owing to a previous engagement. Is the nurse fairly entitled to her fee, or at least to a portion of it?

** This appears to resolve itself into a pure question of contract, and, subject to the facts of the engagement and the breach on the part of the lady being established, we think the nurse can successfully claim damages for the breach—not the fee as such, but a sum by way of compensation. If the intending employer has intimated that she will not perform her part of the contract, there is, we think, no reason to wait until March 25th before bringing an action; but it might be desirable to do so, particularly if the nurse is unable to secure another engagement from March 25th. We think the nurse is under obligation to use her best endeavours to obtain another appointment from March 25th. She has, it appears, intimated her intention of being satisfied with £5, otherwise the damages might have been more on account of allowance for board, but this is doubtful. Before commencing any action a solicitor should be consulted.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

Public Health (Scotland) Bill.—Lord BALFOUR, in moving the second reading of this Bill to amend the existing Public Health (Scotland) Acts, said that he proposed at the close of the sitting to present to their lordships another Bill consolidating all the enactments with regard to public health in Scotland, and also incorporating the amendments contained in the Present Bill, the ultimate object being to embody in one statute a complete code of that branch of the law affecting Scotland.—Lord TWEEDMOUTH expressed his approval of the general object of the measure, and, having criticised various of its details, promised to assist in making its provisions as perfect as possible if it were referred to a Select Committee.—Lord LOTHIAN suggested that it would be more satisfactory that the amending Bill should be passed into law first, and that the Consolidation Bill should be introduced afterwards.—Lord BALFOUR, after a general reply to criticisms in detail, said he desired to have the Consolidation Bill printed and circulated in Scotland, reserving for the present his decision as to the most convenient course of future procedure. The Bill was then read a second time and referred to a Select Committee, after which Lord Balfour presented his second Bill, to amend and consolidate the law, which was read a first time.

HOUSE OF COMMONS.

Army Medical Officers.—D. TANNER asked the Under Secretary of State for War whether army medical officers, after resigning on receipt of a gratuity, were liable to be recalled to serve up to the age of 55, and, if so, would he explain on what grounds, whether combatant officers resigning on gratuity were also liable to be recalled to the same age; and would he explain on what grounds the names of army medical officers appeared on the monthly Army List (Active List) mixed up with those drawing pension.—Mr. BRODRICK, in reply, said it was part of the contract under which officers served, and were paid that they should, if retiring on retired pay or gratuity, be liable to be recalled up to the age of 55 to serve in case of emergency. This applied to combatant officers unless they retired as lieutenants or captains, when the liability only extended to the age of 50 years, beyond which it was not considered that they would be efficient in those ranks. The names of medical officers on the retired list with liability to further service appeared in the Army List after those on the active list as a matter of convenience, because there were a number of home appointments for which such officers were eligible.

Hospital Accommodation at Aldershot.—Mr. BRODRICK, in reply to Dr. TANNER, said that the subject of the hospital accommodation at Aldershot had been fully considered. In a few weeks 104 additional beds would be ready for occupation at the Cambridge Hospital. A hospital of 251 beds for the Marlborough lines was in course of erection. A hospital of 48 beds for infectious diseases—half for men, half for women and children—would be ready in the summer. A contract was about to be made for building a hospital of 50 beds for soldiers' wives and children. The plans of this hospital were completed. Half the accommodation would be for maternity cases.

The Army Medical Department.—On the consideration of the Army Estimates, Vote A, in Committee of Supply, Mr. BRODRICK, Parliamentary Secretary to the War Office, said that there had been a difficulty in keeping the Army Medical Department up to strength. It was short of its establishment by seventeen officers, and Lord Lansdowne had given very serious consideration to the causes which had led to a falling off in candidates for this hitherto popular service. In considering the question Lord Lansdowne had had the advantage of receiving two deputations, which had laid the views of the service fully before him. They had endeavoured to trace this falling off to its true cause, and among the causes alleged to explain the apparent unpopularity of the service he could mention the following: (1) The social status of its members as compared with that of combatant officers. (2) The manner in which the entrance examinations were conducted and the examiners selected. (3) The arrangement for tours of foreign service. (4) The smallness of the opportunities offered for special study and original research as compared with those open to practitioners in civil life. (5) The increasing strictness of the entrance examination. (6) The prolongation of the curriculum of medical students to five years. It was evident that where so many explanations were suggested they could not arrive at the real causes of the falling off in candidates without careful study, and Lord Lansdowne could not give a hasty decision. But he fully recognised the importance of securing the full confidence of the profession. They hoped to be able to deal with some, at all events, of the points which had been brought to their attention.—In the discussion which followed Sir H. CAMPBELL-BANNERMAN said, with reference to the deficiency in the establishment of the Army Medical Department, that it was in the unfortunate position that the influx of candidates could be largely controlled by the medical schools. If they were in a good humour there would be plenty of candidates, whereas if anything was done to offend them on particular points there would be a dearth of candidates. But he hoped the Under-Secretary and his colleagues would be able to get over the difficulty.—Dr. FARQUHARSON said that there was clearly something very wrong in regard to the Army Medical Department. The social status of the officers of the department had been lowered since the abolition of the old regimental system, and he asked the Under-Secretary whether partial returns to that system might not be possible. If it were impossible, he suggested the formation of a Royal Medical Corps, since by this means difficult and delicate questions of rank would be settled. If that were done, he believed that no more would be heard of grievances. He spoke against any lowering of the standard of examination, and expressed the opinion that after a long period of service army medical officers should have the right to go to one of the great medical centres to rub off the rust which must inevitably have accumulated.—Dr. TANNER strongly condemned the present system of examination for admission to the Army Medical Department, and observed that whereas two years ago there were 200 candidates for 17 places, at the last examination there were only 18 candidates for the same number of places. Eventually the question was put and agreed to without any reply from the Under-Secretary.

Proprietary Lunatic Asylum.—Sir M. W. RIDLEY, in reply to Mr. P. O'BRIEN, said that the terms of the Lunacy Bill are under discussion, but there was no prospect of its being read before Easter. It would not only apply to Ireland. He was not aware that mechanical restraint was always and in all circumstances objectionable, or that the highest authorities had condemned anything but the excessive, unnecessary, and improper employment of such restraint. He was unable to give the names of the asylums in which mechanical restraint was employed, but the hon. member would see on referring to the last report of the Lunacy Commissioners that in 50 out of 155 institutions for the insane in this country mechanical restraint was never made use of, and that in most of the other institutions the amount of restraint used was very small, and the means generally employed were sleeve jackets or dresses and gloves. Since the death in the Holloway Sanatorium more stringent regulations in regard to the employment of mechanical restraint had been made by the Commissioners under the Act of 1890. They would be found printed as Appendix P to their last report.

The Police and Sanitary Regulations Committee.—Sir M. W. RIDLEY moved that the Committee of Selection should appoint a committee, consisting of not more than nine members, to whom all private Bills should be committed which were promoted by municipal and other local authorities, and by which it was proposed to create powers relating to police and sanitary regulations that deviated from, or were in extension of, or repugnant to, the general law.—The motion was agreed to.—Sir M. W. RIDLEY

then moved that it should be an instruction to the Committee to state in their report their reasons for granting any powers in conflict with, deviation from or excess of the general law; and that it should be an instruction to the Committee not to insert in any Bill referred to them any provision which was already in force in the district to which the Bill applied under any public Act, or which might be put in force by adopting the provisions of any adoptive Act.—After some discussion the instructions were agreed to.

Experiments on Animals at Wembley.—Mr. S. SMITH asked the Secretary of State for the Home Department whether his attention had been called to the fact that admission had been refused to a committee of the Wembley Urban Council to a building called the Poplars in their district, where a nuisance was believed to exist; whether the Poplars was used as a laboratory for experimenting on animals, and, if so, for what kind of experiments; whether in that case it was registered as required by the Act; and whether, as the local authority had been refused admission, he would see that it was properly inspected and controlled.—Sir M. W. RIDLEY said the answer to the first paragraphs of the question was in the affirmative. The Poplars was duly registered under the Act, but hitherto it had been used exclusively for the production of antitoxic remedies and testing their efficacy. Whether the processes carried on there were experiments within the meaning of the Act was a difficult legal question which was engaging his consideration. The place had been visited by the inspector under the Act, who on each occasion found the premises in good order and the animals well cared for. He also had instructions to visit and report upon the place from time to time. He was informed that in refusing admission to the Committee of the district council the occupiers acted deliberately and under legal advice. This matter, however, did not appear to come within his jurisdiction under the Act, and he would refer it to the Local Government Board.

Hospital Accommodation at Malta.—Dr. TANNER asked the Secretary to the Admiralty whether the hospital accommodation at Malta had been frequently complained of in consequence of certain sanitary defects; whether, as in the last report a considerable increase in the number of cases for hospital treatment was given, an inquiry into alleged defects would be made; whether the high ratio of cases invalidated, 201.76 per 1,000, could be explained; and what was the entire number of cases under treatment?—Mr. MACARTNEY said that no complaints of the nature stated in the first paragraph of the question had been received, but it was decided in 1894 on general grounds that the sanitary arrangements of the hospital did not comply in all respects with modern requirements. Various works were in progress to meet this want, and they would be completed in the ensuing financial year. The increase in the number of cases for hospital treatment was due to the augmentation of the force on the station. It was desirable in the interest of the service as well as beneficial for the individuals, to invalid promptly from Malta to England, in order to facilitate speedy recovery and resumption of duty. There were 1,448 cases under treatment in 1895. No inquiry of the kind suggested appeared necessary.

Sight of Children in Elementary Schools.—Dr. FARQUHARSON asked the Vice-President of the Committee of Council on Education whether he had received a report by Mr. Brudenell Carter on the sight of children in elementary schools in London; and whether he would lay it upon the table of the House.—The Vice-President of the Council (Sir JOHN GORST) said that the report was made to a Committee of the Education Department, which had not yet reported.

Poor Law Officers' Superannuation Bill.—Mr. BAILEY moved the second reading of the Bill. He said that it was not a party measure, that it had the support of over 400 members of the House, and the cordial sympathy of the late President of the Local Government Board and of Mr. Ritchie. The Act of 1864 was only a voluntary Act, and, under it, harsh treatment had been meted out to some deserving officers. It was desirable that a deserving class of public servants should not depend on the caprice or fancy of, perhaps, a new Board of Guardians unacquainted with the value of their past services.—Captain NORRIS, in seconding the motion, asked the House to pass the second reading, on the understanding that reasonable amendments would be accepted by its promoters in committee. He added that it was the intention to introduce amendments to extend the scope of the Bill to Irish and Scotch Poor-law officers.—Mr. PLUNKETT expressed the hope that Irish Poor-law officers would be included, and Mr. BAILEY expressed his readiness to do so.—Mr. LOGAN and Mr. JOHN BURNS moved and seconded the rejection of the Bill.—Sir WALTER FOSTER said that Mr. Logan was flying in the face of two-thirds of the local authorities whom he professed to defend. The fact that 400 out of the 600 Boards of Guardians had petitioned in favour of the Bill was a sufficient answer to the statement that the attack on the Bill was made in the interests of local self-government. He accepted the Bill as a step in the direction of securing that all servants of the State, whether in a public or private capacity, should be placed above want in their old age. He believed that the Bill would add largely to the efficiency of the public service. While Parliamentary Secretary to the Local Government Board he had had experience of many deserving cases in which public officials had suffered great hardships on account of the permissive character of existing legislation. The Bill started with the principle of self-help, and would not throw any serious burden on the rates. There was no reason why the position of the master of a great workhouse should not be as honourable as that of the governor of a prison, but if the best men were to be attracted they must be given a position similar to that of other Civil servants. The secure provision for old age would be one of the greatest incentives to the work being done efficiently and in the best spirit.—Mr. LLEWELLYN supported the Bill and pointed out that under the present system officers were sometimes afraid to apply for superannuation.—Mr. CHAPLIN said that the Government would support the second reading of the Bill, and would be prepared to approve the extension of the measure to Ireland if that suggestion met with general support. He thought that the Bill should be referred to a Standing Committee, and expressed a sincere hope that it would be passed into law as early as possible.—Colonel DENNY expressed his hope that the Bill would be extended to Scotland, but the SOLICITOR-GENERAL FOR SCOTLAND pointed out that it had not yet received consideration by the Scottish local and rating authorities.—Serjeant HEMPHILL and Professor LECKIE spoke in favour of the extension of the Bill to Ireland, and Dr.

FARQUHARSON, in supporting the Bill, expressed the hope that it would be extended to Scotland, but Sir GEORGE TREVELYAN objected that it would introduce a new principle, and expressed the opinion that its promoters should not commit themselves to the extension to Scotland before the wishes of that country had been made known.—After some further discussion, Mr. LOGAN withdrew his amendment, and the Bill as then read a second time and referred to the Standing Committee on w.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—The next examination in Sanitary Science will be held in April. Part I will commence on Tuesday, April 7th, and end on April 9th; Part II will commence on April 14th; and the examination will be concluded on April 16th. Further particulars can be obtained from Dr. Anningson, Walt-ham-sal, Barton Road, Cambridge.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman having previously passed the necessary examinations, and having conformed to the by-laws and regulations, was, at the ordinary meeting of the Council on March 12th, admitted a Fellow of the College:

W. Edgecombe, M.B.Lond., L.R.C.P.Lond., University College and Royal Infirmary, Liverpool. Member, February 9th, 1893.

The following gentleman was at the same meeting admitted a Member of the College:

J. B. Christopherson, of Cambridge University and St. Bartholomew's Hospital.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

BARKER ANATOMICAL PRIZES.—Two prizes of 25 guineas each are offered for dissections, and are open to any student whose name is on the anatomical class list of any school in the United Kingdom. Preparations must reach the Curator of the Museum before June 1st, 1896, and from him full particulars can be obtained. One prize will be allotted to a dissection showing the relations of the pleura, pericardium, and lungs to the anterior chest wall, the dissection to be planned with special reference to the operation of tapping or incising and draining the pericardium for pyocarditis. The other prize will be allotted to a dissection displaying the surgical relations of the lateral sinus, the mastoidal antrum, and the semicircular canals, as exhibited by a dissection through the bones from without; with the view of illustrating operations in the middle ear and lateral sinus.

OBITUARY.

A. B. BRABAZON, M.D.

WE regret to have to record the death of Dr. Brabazon, of Bath, after a short illness due to influenza. Dr. Brabazon was the son of the Rev. George Brabazon, Rector of Paignton, Co. Meath, Ireland, and was born in 1821. He was educated at the Richmond Hospital, Dublin, and obtained the diploma of L.R.C.S.I. in 1846. He for some time held the appointment of Lecturer on Anatomy and Physiology at the Carmichael School, Dublin, and was Senior Demonstrator of Anatomy at Trinity College, Dublin. During the Crimean War he was Civil Surgeon (First Class) in the Military Hospital at Scutari. In 1856 he took the degree of M.D. at Aberdeen, and in the same year became a Licentiate of the Society of Apothecaries. In 1861 he settled in Bath, and fourteen years later was appointed Physician to the Royal Mineral Water Hospital. In the following year he was elected Medical Officer of Health, and has since devoted a large amount of time and energy to the discharge of the important duties of that onerous office. He had served the office of President of the Bath and Bristol Branch of the British Medical Association, and had made several valuable contributions to our columns. At the time of his death he was Senior Physician to the Royal Mineral Water Hospital, and was the author of a history of the hospital which brought the facts down to 1889. Dr. Brabazon, who was a man of genial temperament and active mind, will be much missed not only in Bath, but in periodical assemblies of the profession. We publish in another column a paper, which he placed in our hands a few months ago, embodying his experience on certain points connected with rheumatoid arthritis.

PROFESSOR SAPPEY.

A FIGURE well known to all European students of anatomy has passed away. Marie Philibert Constant Sappey, whose death took place on March 14th, was born at Bourg in 1810,

graduated in Paris in 1843, and was elected to the chair of anatomy at his Alma Mater in 1868. His contributions to his subject were many and important, but he will always be remembered by his colossal *Traité d'Anatomie Descriptive*, and his *Anatomie, Physiologie, et Pathologie des Vaisseaux Lymphatiques*. The latter, a magnificent folio published in 1874, ranks with that of Mascagni as a great standard work of reference, and as a model of careful investigation, fulness of description, and beauty of illustration it is unlikely to be surpassed hereafter.

Sappey's *magnum opus*, however, was the Treatise on Descriptive Anatomy. Its issue, begun in 1847, was not completed until sixteen years later. It immediately took a place of its own in the anatomical literature of its time, rivalled only by the works of Cruveilhier and Henle, and has now run through four editions, expanding into four large octavo tomes, with nearly 4,000 pages and over 3,000 cuts. It bears all the marks of a scientific labour of love. For fulness and facility of diction it stands alone. Based upon a direct study of the parts described, we are indebted to its pages for innumerable additions of detail and corrections of time-honoured errors. Compared with the great textbook of Henle, it falls into a second place as a work of reference owing to the inequality visible in its different parts, and the relatively scanty references to the labours of others, but it is easier and more pleasant to read. It was moreover, an *édition de luxe*—perfect in type and paper and admirably illustrated. Like his great Belgian predecessor, Sappey had a high respect for the value of good pictures as an aid to anatomical teaching, and he secured in Levéillé the best anatomical artist living, and in Salle an engraver born for work of scientific delicacy. The drawings distributed in rich profusion through the pages of his text were both truthful and beautiful, and many of them have now become the property of the English student through the copies which have taken so large a part in the embellishment of our textbooks.

In the last few years the new anatomy, led by new surgical needs and guided by new methods of research, has thrown much of the older work into the background, and perhaps this in its turn will soon be supplanted by a newer and living anatomy to be revealed by the development of the "New Photography," or some allied process; but Sappey's works will always hold a place of honour on our shelves, and the memory of the author will keep green with that of Vesalius, Albinus, and many another of the great masters of anatomical science.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,677 births and 4,166 deaths were registered during the week ending Saturday, March 14th. The annual rate of mortality in these towns, which had increased from 19.3 to 20.7 per 1,000 in the four preceding weeks, declined again to 20.0 last week. The rates in the several towns ranged from 10.0 in Swansea, 12.4 in Croydon, and 14.7 in Brighton to 23.4 in Bolton, 24.0 in Liverpool, and 24.1 in Sunderland. In the thirty-two provincial towns the mean death-rate was 19.6 per 1,000, and was 1.0 below the rate recorded in London, which was 20.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.1 per 1,000; in London the rate was equal to 3.9, while it averaged 2.5 per 1,000 in the thirty-two provincial towns, and was highest in London, Salford, Birmingham, and Norwich. Measles caused a death-rate of 2.2 in Newcastle-upon-Tyne, 2.4 in Birkenhead, 2.5 in Burnley, 2.9 in Leicester, and 5.3 in Norwich; and whooping-cough of 1.5 in Birmingham, 1.7 in Salford, 1.8 in Leeds, and 2.2 in Bolton. The mortality from scarlet fever showed no marked excess in any of the large towns. The 91 deaths from diphtheria in the thirty-three towns included 45 in London, 10 in Birmingham, 9 in Liverpool, and 5 in Manchester. No fatal case of small-pox was registered in any of the thirty-three towns. There were 42 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, March 14th, against 58, 51, and 52 at the end of the three preceding weeks: 4 new cases were admitted during the week, against 5, 1, and 13 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,937, 2,933, and 2,857 at the end of the three preceding weeks, had further declined to 2,764 on Saturday last, March 14th; 217 new cases were admitted during the week, against 234, 244, and 244 in the three preceding weeks.