formed of the existence of infectious disease, and has, in consequence, certain powers, restrictive of individual liberty, for the purpose of limiting the spread of such disease. On *a priori* grounds it seems fair to argue that those powers continue in force until such time as the authority shall be officially informed of the freedom of the patient from infection. Unfortunately no provision has been made for securing such information. It is the practice of many medical officers of health to forward to the patient, when treated at home, a blank certificate of recovery, and, on receipt of such certificate, duly signed by the medical attendant, the authority does the necessary disinfection free of charge. It should be noted that by such arrangement the patient is expected to obtain the certificate of recovery, and that no demand is addressed by the authority to the medical practitioner. In my experience it has been an exceedingly rare occurrence for the medical attendant to refuse to give his patient such certificate, whereby alone, as it seems to me, the patient can be relieved from his liabilities under legislation for exposure of infected persons, etc.

What is required to remedy the friction created by the position taken by your correspondent is that the local authority shall be empowered to demand from the medical attendant a certificate of recovery, for which a fee might be prescribed of (say) half a crown as for notification. A further provision is required that disinfection done by any person other than the officer of the authority, shall be carried out to the satisfaction of the medical officer of health. This was enacted in the last Scotch Public Health Act.—I am, etc.,

March 28th. S. O.

SIR,—The question raised by your correspondent "A. D." on the subject of certifying "freedom from infection" calls for prompt action on the part of sanitary authorities. The notification of infectious diseases enables the medical officer of health to adopt measures which but imperfectly provide against the spread of infection. There is no provision, by Act of Parliament, enabling him to ascertain, on reliable authority, that a patient has recovered from an infectious disease completely, or that persons who have been in contact with an infected patient have been subjected to quarantine. Take such a case as the occurrence of scarlet fever in a family. Notification of the disease is received by the medical officer of health. He or the sanitary inspector calls at the house, ascertains the source of infection, investigates the sanitary condition of the house and the measures which are adopted for isolation, probably gives printed instructions on the subject of disinfection, isolation, and quarantine; in fact, makes every necessary inquiry and adopts every precaution, so far as this can be done without interference with the patient personally or with the treatment by the medical practitioner in attendance. Let us suppose that so far every precaution has been observed on the part of the doctor and the medical officer of health, without improper action in any way. Who is to say when the patient is free from infection, and when the persons who have been in contact with the patient have been subjected to adequate quarantine?

It appears fair to assume that, if a medical man is rightly compelled to notify the occurrence of certain infectious diseases in his practice, and is paid for such notification, he should also be requested to certify as to the complete recovery of the patient—that is, freedom from infection—and as to the quarantine of those who belong to the household, also that he should be paid for such certifying. If he should decline to take this responsibility, then the medical officer of health should be free to make any examination necessary for this object himself. The payment for this certificate of freedom and quarantine lies, I consider, with those who require such information—namely, the sanitary authority.

There can be no doubt that registered medical practitioners in England are, to a certain ill-defined extent, State officers. Compulsory duties on the part of medical men enter frequently into legislative enactments, and our responsibilities are proportionately increased. It is only right that we should be proportionately paid for these special demands upon our citizenship.

I submit these observations on a most important question in the hope that they may lead to further suggestions, and, if they are somewhat dogmatically stated, it is so only for the purpose of brevity.—I am, etc.,

S. HOLGATE OWEN, M.D., M.R.C.P.,
March 28th. Medical Officer of Health, Moss Side, Manchester.

SUNSTROKE OR SIRIASIS.

SIR,—In the article on siriasis by Dr. Sambon in the BRITISH MEDICAL JOURNAL of March 19th, he says: "Although stokers in large steam vessels may be brought up unconscious from syncope or stoker's collapse, they never show symptoms of siriasis." And again, "Siriasis is unknown in Europe." I venture to think that the following case tends to disprove these rather sweeping statements:

During the mobilisation of the fleet in 1888, the ship on board which I was serving had just finished her preliminary steam trial, and was at anchor in Plymouth Sound, when an artificer was brought up from the engine room unconscious, delirious, and with severe cramps in legs and arms. His temperature was 107°. He quickly passed into a state of coma, with occasional violent general convulsions, and in spite of all treatment died in about three hours.

The symptoms in this case were exactly similar to those of siriasis so fully described by Dr. Sambon, and I do not think there can be the least doubt that it was a case of heat stroke or siriasis, due solely to excessive heat, occurring in an engine room hand, and in England.

I must add that the heat of the engine room and stokeholds was at the time very great—I forget the exact temperature—and that several other men suffered from syncope or "stoker's collapse" both then and during the subsequent cruise.—I am, etc.,

S. T. O'GRADY,
H.M.S. *Cambridge*, Devonport, March 26th. Fleet-Surgeon, R.N.

PRESENTATION.—Dr. A. Ehrmann has, on the occasion of his leaving Bitterne to practise in London, been presented with a purse of money and an address by his friends at Bitterne.

THE COCAINE HABIT IN CHICAGO.—It is stated by an American journal that over forty victims of the cocaine habit appeared in the police courts of Chicago within a period of two or three months in 1897. The habit was said to have been induced, in a large proportion of the cases, by the use of popular preparations as cures for colds, etc. The evil was considered so serious that an ordinance was passed prohibiting the sale of these dangerous remedies.

BEQUESTS TO EDINBURGH CHARITIES, ETC.—The late Hon. Bouverie Francis Primrose, C.B. (uncle of the Earl of Rosebery), has bequeathed the following legacies to public institutions in Edinburgh: To the Royal Infirmary, £1,000; to the Victoria Hospital for Consumption, £250; to the Royal Society, £200; to the fund of the University of Edinburgh for the encouragement of original research, £100; to the University Library Fund, £100. The Norfolk and Norwich Hospital also receives £100, and the Nurses' Sick Fund of Glasgow Training Home for Nurses, £50.

STATE MEDICAL EDUCATION.—According to the *Philadelphia Medical Journal* a Bill has been introduced into the Kentucky Legislature providing for the establishment of a free medical school in connection with the State Agricultural and Mechanical College at Lexington. The author of the Bill, the Hon. J. H. Lackey, is of opinion that many worthy young men are deterred from studying medicine because of the exorbitant fees of the various schools, and, as there are free schools for nearly all trades and professions except medicine, it is contended there should be one in that department also.

DEFECTIVE VISION AMONG AMERICAN CHILDREN.—The annual report of the New York State Board of Health recently issued deals, among other things, with the subject of defective vision among children. It states that it has been deemed expedient by the Board to provide a method of testing the eyes of school children. Defective eyesight is said in the report to be largely on the increase in the United States. This, it is suggested, may be due in a large degree to the failure of parents to discover such defects when they might be easily corrected. The plan adopted by the Board provides for a test by the principals of schools, who are to report all defects to parents, and recommend consultation with a physician.

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