

and French words in italics spoil the look of the letterpress. The "requirements of the student" often tend to convert works on anatomy from solid pieces of literary composition to the style of a Peetage or catalogue.

The editors have certainly done their best for the new edition. The masses of facts which they have introduced have been forged into well-digested sentences, so that the *Osteology* remains far more readable than the average text book. Even the author adopted purely typographical methods of impressing names on the student. There is a charming simplicity in such phrases as "These bones are called the 'vertebræ,'" "It is called the 'basilar process.'" The student reaches the new term through a good English sentence, whilst the inverted commas prevent that term from being overlooked. Italics were also employed systematically by Mr. Holden. Thus, "The *inferior surface* looks towards the upper part of the throat." They were not abused as in the case of authors who write about "a subject, which is a very good one, not to be arrived at *per saltum* in a mere *communiqué*." Professor STEWART and Dr. REID have not failed to distinguish between the use and abuse of the resources of the type-setter. Moreover, it is only fair to add that they have disdained all offensive obtrusiveness, the bane of many "edited" works.

The style and spirit of the *Osteology* being considered, little remains to be said about its contents, which have passed through the competent supervision of two scientific anatomists. In their hands the book was safe. The *Osteology* has not been made bulky, and more purely osteological matter has been substituted for the elaborate chapters on the Internal Ear and Larynx appended to earlier issues. The editors have unaccountably maintained the strange eccentricity of the sixth edition, where the bones of the upper extremity came last. We presume that the author and the previous editor thought it advisable to place the bones of the lower extremity immediately after the vertebral column, so that the os innominatum might follow hard upon the sacrum, to which it is so closely related; but, taken as a whole, the arrangement is neither practical nor scientific. The bony structures of the middle ear are rightly included in the chapter on the Temporal Bone, and Professor Stewart has added some fine and accurate sketches of the ossicula auditiva. We are glad that the familiar and ever-appropriate quotations have been retained, including the beautiful lines of Ovid beginning "Pronaque dum spectent animalia cætera terram," which the author used to recite with much elegance at the conclusion of his course of lectures at St. Bartholomew's Hospital.

NOTES ON BOOKS.

A Winter Trip to "The Fortunate Islands." Described in letters addressed to the BRITISH MEDICAL JOURNAL by ERNEST HART, Esq., Editor of the JOURNAL. (Smith, Elder and Co.)—The reprint of these letters from the JOURNAL has been accidentally delayed, but looking to the large number of requests that have been addressed to us in respect of the probable appearance of this reprint, a favourable reception may be anticipated for it. It would be inappropriate for us to make any other comment on these letters than simply to announce their appearance. We may say, however, it is long since any letters have appeared in this JOURNAL which have apparently excited so much interest, and have been received with such general favour. Orotava has, we hear, already received a considerable accession of visitors, since its climatic advantages and attractions were mentioned in this series of letters; and some of the desiderata pointed out, such as an hotel at Laguna, have already been supplied. It may be hoped that the local authorities will be equal to the additional strain thus put upon their resources which they have, we believe, thus far spared no pains adequately to meet; and that the future of Orotava may correspond to the favourable opinions expressed by the author of its high advantages as a winter and spring resort for invalids in search of a climate of unrivalled equability and a place of rest possessing great attractions from the point of view of scenery and sunshine.

LORD DERBY ON THE INFLUENCE OF MEDICAL SCHOOLS.

THE Earl of Derby laid the foundation stone of the new Royal Infirmary at Liverpool on October 29th in the presence of a large assembly. Lord Derby said that of all forms of charity, hospital relief was the least likely to be abused. Moreover, it was no paradox to affirm that the greatest gainers by the existence of hospitals were to be found among those who never entered their doors. These institutions were schools of medical science where a young man learning his business

could see in a few months more cases of various kinds than he would be likely to see in the private practice of a lifetime; where he could profit by the teaching and experience of leading men in his profession; where a high standard of professional feeling and honour was maintained; and where greed and quackery and all those practices by which low practitioners sometimes tried to push their way into notice were discountenanced and put down by the full force of an organised and unanimous opinion. The value of scientific medical treatment was not confined to the generation or the country which produced it. They knew infinitely more about the physical constitution than they did 200 years ago, and much more than 100 years ago, but those who had studied such problems most deeply would be the first to admit that, while they had a great deal to learn, it was no exaggeration to say that the work done and the researches made by the physician or surgeon of a great English hospital of that day might relieve the sufferings or prolong the lives of patients in America or Australia 100 years hence.

THE SCARLET FEVER EPIDEMIC: A FORECAST AND A SUGGESTION.

MR. ROBERT WILLIAM PARKER, Surgeon to the East London Children's Hospital, writes:—The present epidemic of scarlet fever, occurring, as it does, very largely among adults, appears to me to be one of the necessary outcomes of the careful isolation of infected persons which has been practised in recent years. I venture to think that the more carefully isolation is practised, the more frequent will epidemics become, and the greater will be the proportion of adults affected. For soon among the adult population there will be a very large number of persons unprotected by a previous attack of the disease, and therefore a large number prone to succumb when epidemic influences are rife. Should isolation continue to be successfully practised, we may look forward to a time when the population will, to all intents and purposes, be "virgin soil," in which the *materies morbi* will propagate itself with great intensity. The first outbreak of measles which occurred in the Fiji Islands will doubtless be fresh in the minds of many persons, for the disease was characterised by great virulence and a high mortality. Now, although I think the question of "virgin soil" is one not likely to trouble the present generation, still the strict isolation of infected persons is certainly bringing about an increasing number of persons liable to be attacked by this and kindred fevers, and it is a circumstance which should occupy the attention of those authorities, who have to provide accommodation for fever patients. I cannot doubt that their difficulties will increase, rather than decrease, as time goes on. I think the fevers will tend to occur in epidemics, that they will become severe and occur very largely among the adult population. It is a matter of experience that the exanthemata run a severer course in adults than in children, to say nothing of the great inconvenience which adults experience in being shut out from their duties and occupations without warning or time to make needful arrangements. The question has frequently passed through my mind whether it is really a wise thing to try and escape an attack of measles or scarlet fever, seeing how often escape merely means postponement—postponement from childhood, perhaps, when the fever may be gone through with comparative ease and comfort to adult life with all the inconveniences, anxieties, and additional dangers which advancing age entails. As far as my own experience goes, scarlet fever, except in its malignant forms, is not a dangerous disease, provided it be carefully treated from the first. The malignant forms ought to be most carefully isolated and under the control of thoroughly skilled practitioners. I believe, however, that far more mischief arises from neglected mild cases (which are many) than from the malignant cases (which are few). In the majority of cases a mild attack of fever, if the infection spreads, begets a mild form in those to whom it spreads, although the contrary occasionally happens. I will not go so far as to say that children should be actually exposed to contagion, but I feel sure that their removal from an infected house often fails to save them from the fever, while it materially favours the spread of the disease among neighbours, friends, and relations. Under the old régime the children of a family went through the disease one after another, and so got probable immunity for the rest of their lives. By all means isolate a house when infection breaks out; keep it there until it has exhausted itself and adopt every known precaution in the way of disinfection afterwards. I am inclined to doubt the advantage of removal, especially in the case of children, and believe that the insistence on early and continuous therapeutic measures, rather than on purely preventive ones, will, in the long run, prove of greater service to the individual, as well as to the public.