

juice, made their appearance. In 1857 he published a short paper on the action of carbonic oxide on blood, and this proved the prelude to a number of others of far-reaching importance relating to the same fluid, and particularly to its pigment. The outcome of these investigations was a complete knowledge, not only of the chemical and physical characters of hæmoglobin, but an accurate conception of the uses of this pigment as an oxygen carrier. Since then the subjects that Hoppe-Seyler worked at have included all the branches of medical chemistry: bile, pus, urine, lecithin, nuclein, the proteids—which he was the first to arrange in an orderly manner—fermentation, polarisation of light, and vegetable physiology are a few only of the many subjects he attacked.

Among his pupils it will be sufficient to mention the names of Liebreich, Salkowski, Miescher, Thierfelder, Gäthgens, Baumann, Herter, Jüdel, Zaleski, Diakonow, Plósz, and Sutoli to show how widespread his influence was, not only in Germany but in other countries as well.

A captious critic might complain that sometimes his work was too chemical, and bore but little upon medicine. If this was the case in some instances, it must always be remembered that Hoppe-Seyler's principal work had most important practical bearings. The process of oxidation in the body was a subject that possessed a special attraction for him, and among his most recently published papers will be found one on the mode of respiration in deep-sea fishes, and several (with Araki) on the disordered metabolism that follows a deficiency in oxygen supply.

Hoppe-Seyler's exhaustive treatise on *Physiological Chemistry* was completed in 1881, but a second edition has never appeared. His *Practical Handbook* has, however, reached its sixth edition, and many of the methods there described are those which we owe to the distinguished author himself. In 1871 he collected together the works by his pupils and himself which had been carried out in his Tübingen laboratory, and published them under the title of *Medicinischem-chemische Untersuchungen*. In 1877 he started his now well-known journal, *Der Zeitschrift für physiologische Chemie*, and at the time of his death this had reached its twentieth volume.

A mere enumeration like the foregoing hardly does justice to the many-sided activities of the man whose loss we have to deplore, but may serve to indicate that he was *facile princeps* in the special branch of science to which he devoted a long and busy life.

By the death of Mr. FRANK MARSH WRIGHT, on August 23rd, the medical profession has lost a valuable member. Having arranged to go with some friends for a day's outing, and in ignorance that the train agreed upon started four minutes earlier than formerly, he reached Bottesford Station just in time to see the train steaming away. Seeing his friends in the last compartment of one of the carriages, he attempted to get in and grasped at the carriage railing: but missing it, fell in between two carriages, and was so terribly injured that he died within a few minutes. Mr. Wright, who was a native of Bottesford, received his early education at Derby School, and subsequently began the study of medicine as a pupil at the Nottingham General Hospital. Thence he passed, in 1881, to St. Bartholomew's Hospital, where he pursued his studies with credit and distinction. He was Foster prizeman in anatomy in 1883, and Prosecutor of Anatomy to the Royal College of Surgeons in 1883-84. He obtained the L.S.A. in 1884, and in the following year became a Member of the Royal College of Surgeons. Having fully equipped himself for the work of a general practitioner, he returned home to Bottesford, and joined his father, Mr. James Wright, who had carried on a very extensive country practice there for many years.

MR. JAMES CARTER, F.R.C.S., F.G.S., who recently passed away at the age of 81, was for the greater part of his life in practice at Cambridge. He studied at Guy's and St. Thomas's, passed the "Hall" in 1835, and the "College" in 1836, becoming a Fellow of the latter in 1876. He devoted his spare time to the study of geology, and especially palæontology. He contributed a large number of papers to the *Geological Magazine* and the *Quarterly Journal of the Geological*

Society. The *Athæneum* speaks of him as follows: "Mr. Carter was recognised as an authority on the fossil decapod crustacea, and for several years past had been engaged in collecting materials for a monograph on that group. It is believed that a considerable part of the manuscript which he has left is in a sufficiently complete state for publication. Until a few months ago Mr. Carter was always extremely active and bright, so that, in spite of his advanced years, the news of his death will come as a shock to many of his friends. For several years he served on the Councils of the Geological and the Palæontographical Societies, and of the latter he was also a local secretary. Mr. Carter presented his geological collection, consisting mainly of local fossils, to the Woodwardian Museum a few years since."

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are: Dr. Louis Deschamps, a member of the Paris Municipal Council and a former President of the Council General of the Seine Department; Dr. Charles Gros, a leading practitioner of Boulogne, aged 89; Dr. L. Galassi, Professor of Medical Pathology in the University of Rome; Dr. Friedrich Miescher, some time Professor of Physiological Chemistry; Dr. von Sury, Professor of Forensic Medicine in the University of Basel; and Dr. Jakob Baumann, one of the oldest practitioners of Berlin, aged 81.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

Diphtheria in Aldershot Camp.—MR. PIERPOINT asked the Under-Secretary of State for War how many cases of diphtheritic sore throat had been admitted to hospital in the camps at Aldershot during the last six months.—MR. BRODRICK, in reply, said that during the last six months there had been admitted to the hospitals at Aldershot 137 cases of diphtheria and 525 cases of sore throat. In the latter the returns did not differentiate septic sore throat. In the diphtheria cases the type had been that known as "benign," and they had already yielded to the antitoxin treatment. Only one death had resulted from this complaint. Although full investigation had been made, in none of the cases could the origin of the disease be definitely traced. Some medical officers, however, were inclined to ascribe its prevalence and that of septic sore throat to the recent necessary opening up of the old drains for the purpose of reconstruction. The question was engaging most careful attention.

UNIVERSITIES AND COLLEGES.

APOTHECARIES' HALL OF IRELAND.

PRELIMINARY EXAMINATION IN ARTS.—The following candidates passed this Examination on September 6th and 7th, 1895, and received Certificates of Proficiency in General Education:

Second Class.—E. G. Cross, O. B. Gauntlett, F. S. S. George, C. I. Graham, G. W. Greene, J. W. Harrison, M. Muirhead, D. S. Sandilands, F. W. Smith.

The following passed in one or more subjects:

N. Hodgetts, Algebra and Geometry; E. C. Jellicoe, Latin; A. E. Muscott, Algebra; T. Richards, Algebra; S. Rogers, Algebra; R. Tilbury, Geometry.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,321 births and 4,042 deaths were registered during the week ending Saturday, August 31st. The annual rate of mortality in these towns, which had been 19.1 and 19.9 per 1,000 in the two preceding weeks, was again 19.9. The rates in the several towns ranged from 14.2 in Bristol, 15.0 in Halifax, and 15.9 in London and in West Ham to 31.3 in Hull, 34.1 in Bolton, and 35.6 in Burnley. In the thirty-two provincial towns the mean death-rate was 22.8 per 1,000, and exceeded by 6.9 the rate recorded in London, which was 15.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 5.3 per 1,000; in London the rate was equal to 3.3 per 1,000, while it averaged 6.7 in the thirty-two provincial towns, and was highest in Sunderland, Bolton, and Burnley. Measles caused a death-rate of 1.3 in West Ham, and 4.1 in Blackburn; whooping-cough of 1.4 in Bradford; and diarrhœa of 8.6 in Blackburn, 9.2 in Norwich, 11.7 in Sunderland, 13.0 in Hull, 13.5 in Bolton, and 13.6 in Burnley. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 56 deaths from diphtheria in the thirty-three towns included 40 in London, 4 in Birmingham, and 3 in

Liverpool. Four fatal cases of small-pox were registered in London, 1 in Oldham, and 1 in Preston, but not one in any other of the thirty-three towns. There were 341 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, August 31st, against 273, 336, and 357 at the end of the three preceding weeks; 38 new cases were admitted during the week, against 54, 79, and 65 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 2,511, 2,529, and 2,507 at the end of the three preceding weeks, had increased again to 2,512 on Saturday, August 31st; 264 new cases were admitted during the week, against 276, 357, and 307 in the three preceding weeks.

In thirty-three of the largest English towns, including London, 6,329 births and 4,050 deaths were registered during the week ending Saturday, September 7th. The annual rate of mortality in these towns, which had been 19.9 per 1,000 in each of the two preceding weeks, was again 19.9 last week. The rates in the several towns ranged from 11.1 in Plymouth, 12.4 in Swansea, and 12.5 in West Ham to 35.6 in Hull, 37.1 in Wolverhampton, and 40.5 in Sunderland. In the thirty-two provincial towns the mean death-rate was 22.6 per 1,000, and exceeded by 6.5 the rate recorded in London, which was only 16.1 per 1,000. The zymotic death-rate in the thirty-three towns averaged 5.3 per 1,000; in London the zymotic rate was equal to 3.2 per 1,000, while it averaged 6.7 in the thirty-two provincial towns, and was highest in Blackburn, Sunderland, and Hull. Measles caused a death-rate of 1.0 in West Ham and Salford, and 4.5 in Blackburn; whooping-cough of 1.4 in Bradford, 2.2 in Bolton, and 3.0 in Wolverhampton; "fever" of 1.1 in Sunderland; and diarrhoea of 11.5 in Burnley, 13.3 in Sunderland, 13.4 in Preston, and 16.8 in Hull. The mortality from scarlet fever showed no marked excess in any of the large towns. The 62 deaths from diphtheria in the thirty-three towns included 38 in London, 4 in Birmingham, and 4 in Leeds. Five fatal cases of small-pox were registered in London, 1 in Manchester, and 1 in Oldham, but not one in any other of the thirty-three towns. There were 328 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, September 7th, against 336, 342, and 340 at the end of the three preceding weeks; 25 new cases were admitted during the week, against 79, 65, and 36 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 2,529, 2,507, and 2,512 at the end of the three preceding weeks, had further increased to 2,600 on Saturday last, the 7th inst.; 336 new cases were admitted during the week, against 357, 306, and 264 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, August 31st, 904 births and 499 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.6 per 1,000 in each of the two preceding weeks, rose again to 17.3, but was 2.6 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.8 in Paisley to 24.0 in Perth. The zymotic death-rate in these towns averaged 4.1 per 1,000, the highest rates being recorded in Dundee and Leith. The 241 deaths registered in Glasgow included 34 from diarrhoea, 8 from "fever," 7 from whooping-cough, 3 from measles, 3 from scarlet fever, and 2 from diphtheria.

During the week ending Saturday, September 7th, 830 births and 504 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.6 and 17.3 per 1,000 in the two preceding weeks, further rose to 17.5 last week, but was 2.4 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.6 in Dundee to 23.5 in Greenock. The zymotic death-rate in these towns averaged 3.6 per 1,000, the highest rates being recorded in Leith and Dundee. The 223 deaths registered in Glasgow included 26 from diarrhoea, 7 from whooping-cough, 4 from scarlet fever, and 2 from "fever." Two fatal cases of diphtheria and 22 of diarrhoea were recorded in Edinburgh, and 2 of scarlet fever in Leith.

PROVINCIAL WORKHOUSE INFIRMARIES: APPOINTMENTS OF NURSES.

We are pleased to hear that the Board of the Nottingham Union has materially increased the nursing staff in the infirmary. The male nurses are by degrees being superseded by female trained nurses in the sick wards, the men's services being still retained in the male lock and infirm wards. There are seven nurses working at present in the hospital, some of whom are supplied through the Workhouse Infirmary Nursing Association; a proportion of this staff is for night duty. We are indeed glad to note this progress on the part of the Board; when the time comes for starting the work in a new infirmary there will be the nucleus of a well-disciplined staff for the new wards.

Tonbridge Union is advertising for three nurses for the hospital. In reading the advertisement we feel that the authority who worded it has not stated distinctly enough what are the desired qualifications of the nurses; any woman who has been in a private nursery, or indeed any servant wishing to change her occupation, can answer the advertisement, and may, we conclude, be accepted for the responsible work of nursing the sick paupers. We trust that there are some wise counsellors on the Board who will see the mischief of such a selection.

We note as a sign of the movement which has followed the publication of the BRITISH MEDICAL JOURNAL on Provincial Workhouse Infirmaries that various unions are increasing their staff of nurses. Macclesfield is appointing probationary nurses to work under a certificated nurse; Bolton Union is requiring three charge nurses; Poplar Union is appointing a fully trained nurse; South Molton is looking for an experienced nurse; Eton has recently appointed a fully trained nurse, and we judge by the salary offered that the guardians will be satisfied only with the best; Newport (Mon.) is requiring a probationer nurse at the workhouse hospital; she will be trained under the head nurse and the medical officer, and her engagement is for two years. In Ireland it is pleasant to note that trained nurses for the workhouse hos-

pitals are increasingly advertised for; and from comments that we see in the press we judge that the question of pauper nursing is coming well to the front.

The Guardians of the Stoke-on-Trent Union are advertising for a trained nurse and midwife; the salary they offer is £27 10s. Now this, we hold, is insufficient to secure the services of a thoroughly competent candidate. These nurses know well enough that £30 is the usual market value of these qualifications, and the first-class nurses will hold aloof, suspecting that there is some reason for the low salary offered.

In looking through the list of vacancies we are glad to see that the Biggleswade Union is advertising for a night nurse; the Board were for a long time adverse to employing a proper nurse at night, but we see now that there are signs of moving with the times. Another notice of vacancy augurs well for the happiness and comfort of the aged and sick. We refer to the appointment of a new master and matron at Blofield Union; these officials have so much power in their hands that it is of great importance that a wise choice should be made of those who are in sympathy with the various efforts being made to introduce humanity into the Poor Law.

We are glad to see that the Guardians of the Bradford Union are increasing the nursing staff; the advertisement is for seven nurses having had three years' training in hospital, to act as assistant nurses in the Union Workhouse. We have had to comment adversely on the inadequacy of the number of nurses in this infirmary, and we welcome the increase which we hope will eventually supersede the pauper help. At Wakefield also we note that the guardians are seeking for a trained nurse to take night duty; but we regret to notice two things which are very faulty in the conditions prescribed: the nurse is only required to hold a one-year's certificate of training, besides that of midwifery, and she is to be placed on permanent night duty. The salary offered is good, so that the guardians could command the services of a fully trained nurse.

THE SANITARY CONDITION OF EXETER.

THE city of Exeter has been somewhat recently visited by one of the inspectorate of the Medical Department of the Local Government Board, in the person of Dr. W. W. E. Fletcher, for reasons which are, we hope, unique—namely, a disregard by the local Town Council of the repeated efforts of the Board at Whitehall to elicit information as to the steps taken "to effect the necessary improvements" in respect of the sanitary circumstances found to be prevailing in 1885 by the late Dr. Spear, and again in 1894 by Dr. Bulstrode in the course of his "General Cholera Survey." But there is a certain amount of satisfaction in reading Dr. Fletcher's report, as we find that the Town Council have apparently not been so unmindful of their obligations to their city as in their correspondence. Indeed, Dr. Fletcher credits them with some advance in various directions, such as main drainage and the like; but their action in the matter of dealing with insanitary property is described as apathetic and wanting in firmness, and constant supervision is called for with a view of guarding the river Exe, the source of domestic water supply, from dangerous pollution, the report showing that in its upper reaches the river is at present subjected to contamination by the ingress of untreated sewage and other deleterious matters.

Other needed action by the Town Council is referred to, especially as to the dwellings of the labouring classes, many houses being now "so dilapidated, ill-ventilated, badly lighted, damp, or dirty as to be unfit for habitation." But perhaps the most curious part of Dr. Fletcher's report is that in which he describes the manner of health officering of the city, namely, by what are practically four medical officers of health, though virtually there is stated to be one chief officer and three assistants. The latter are said to have had no special training in public health work, and it is pointed out that the combined salaries of these four gentlemen would go far to secure the whole-time services of one properly trained and qualified officer. Divided responsibilities such as are now in operation in Exeter must needs be detrimental, we think, to the proper administration of the health department, and we shall hope shortly to learn that the Town Council have decided to adopt the scheme by which they shall command the entire attention to the duties of his important office of a single health officer of the standing necessary for a city of the character of Exeter.

THE HYGIENE OF PARCEL WRAPPING.

MONTPELLIER is the first town in France—or, as far as we are aware, in any other country—which has dealt with the wrapping up of parcels from the sanitary point of view. By a decree of the Municipal Council, passed some time ago, the use of coloured paper for parcels containing food stuffs of any kind is absolutely forbidden. Printed papers or manuscripts may, if unsoiled, be used to wrap up vegetables, but every other kind of eatable must be done up in new white or straw-coloured parcel paper. Under this enlightened ordinance Montpellier offers one special advantage as a place of residence to minor poets: the offspring of the Muse cannot be degraded to the vile uses of the buttermilk, but at worst can only be made to serve as coverings for the pastoral potato and the harmless necessary cabbage.

SANITARY ASSOCIATION OF SCOTLAND.

THE annual Congress of the Sanitary Association of Scotland was held recently in Greenock, under the presidency of Sir Michael Shaw-Stewart and Professor Mathew Hay. Sir M. Shaw-Stewart reviewed the operations of county councils in Scotland since their establishment in 1890, in the construction of main systems of sewerage, in the provision of pure water supply, and hospitals for infectious disease. Professor Hay discussed the rates of mortality in Scotland in relation to sanitary progress. Dr. Wallace, medical officer of Greenock, gave an exhaustive historical sketch of the sanitary condition of Greenock, and the means by which it has been improved. Dr. Campbell Munro submitted a paper on Infectious Diseases in Scotland: their Relative Prevalence, Fatality, and Hospital Isolation, mentioning that approximately 971 in each 1,000 of the burghal population of Scotland, and 814 in each 1,000 of the rural population were

now under the operation of the Notification Act. Dr. Mackenzie, of Leith, read a paper on Diphtheria and its Prevention; and Dr. Nasmyth, of Fife, sent a paper on Diseases of Occupation. Papers by laymen on Public Baths and Washing Houses, and on the Housing of Submerged Tenth, were also read. Very elaborate successful arrangements for the comfort and entertainment of the visitors were made by the Corporation of Greenock in the person of Dr. Cluckie, and private hospitality was freely and generously accorded, so that a highly successful meeting was the result.

BACTERIOLOGICAL EXAMINATION OF DIPHTHERIA CULTURES AT BRISTOL.

A REPORT of considerable interest has just been presented by Dr. D. S. Davies to the town council of Bristol, but emanating from the pen of Dr. W. Dowson, one of the assistant health officers of the city, on the results of the bacteriological examination of diphtheria cultures undertaken by the public health department of the city during the first half of the current year. It appears that in all 71 cases of diphtheria came to the knowledge of the health officer in the six months, 42 of these being presumably accepted as true diphtheria without recourse to bacteriological examination; of other 11 notified as diphtheria, in 6 the specific (Klebs-Loeffler) bacillus was found, and in the remaining 5 it was not recovered. Again of 38 cases suspected as probably diphtheria, in 18 the bacillus was found. Thus, of 11 cases held to be the true disease, nearly 50 per cent. were found to yield negative results, whilst of 38 attacks where the malady was only suspected, nearly 50 per cent. turned out to be the grave malady thought of. Testing cases by second and third examinations of swabbings from patients' throats to ascertain at what period the affected part became free from the specific bacillus, Dr. Dowson found instances in which the bacillus was present after 17, 25, and 28 days and also cases in which the bacillus, having been present on the first test, was 20 and 28 days later. He very wisely refuses to accept absence of the bacillus on test as evidence of non-diphtheria, preferring rather to regard possible accident or absence from the particular material submitted only, as accounting for the fact, and in all such cases precautions are urged as if true diphtheria were in question. Two extremely interesting sets of cases were met with as follows:

A patient of a medical man suffered from an indefinite form of sore throat, and three weeks later the doctor's two children attended a party at the lady's house and were fondled by her. At intervals of eleven and sixteen days the children developed nasal membrane without other disturbance of health, and, portions of the membranes having been found by Dr. Dowson to contain the true bacillus, material was also submitted to Dr. Klein, who also found the disease to be diphtheria of a virulent type. Active local antiseptic treatment had been employed for some two months, when the children were declared practically free from the disease. But at the end of other two months their mother sickened with a disease which also proved to be true diphtheria, and the bacillus was again recovered from the children's nasal membrane. The malady in the mother ran a mild course, and at the end of another month no bacilli could be recovered from any one of the three patients.

The second case of unusual interest referred to by Dr. Dowson had startling results, inasmuch as a boy of 11, who had a patch on one tonsil, was attended by a medical man, who, not thinking of diphtheria as at all likely, nevertheless sent material from the patch, and was astonished to learn that an almost pure culture had appeared within twenty hours of incubation, and this was corroborated by Professor Roy and Dr. Louis Cobbett, at Cambridge, who found the growth to be one of the most virulent ever worked with.

We think these series of cases are of significance as showing how easy it is for unrecognised diphtheria to give rise to serious epidemics. Space forbids us from further following Dr. Dowson through many instructive pages of matter concerning diphtheria in the lower forms of life, and other cognate subjects. Enough has been said to demonstrate the importance of the work being undertaken at Bristol on the lines of the New York Bacteriological Department.

THE STEPNEY BOARD OF GUARDIANS AND MEDICAL RELIEF.

WE are pleased to see that the Stepney guardians have resolved to pay any registered medical practitioner resident in the union who may be called to a case of urgent illness in any destitute person a fee of 7s. 6d. for attendance given between 10 P.M. and 8 A.M., and 3s. 6d. between 8 A.M. and 10 P.M. This is an innovation in reference to medical relief which we hope to see followed by other Boards. It is possible, however, that without some regulations in reference to this new system some abuses may crop up, but these, it is probable, can easily be guarded against, and we should suggest, in order to make the system work smoothly for all parties, that the guardians should ascertain what medical practitioners resident in the district are willing to give their services on the terms offered, and these having formally accepted the terms should be held responsible to give attendance when applied to either by night or day. It would scarcely do to let the question be so far open that any medical man could attend if he liked, or without any reason whatever could refuse attendance, as under such circumstances night cases might be systematically accepted from 10 to 11 P.M. and declined during the mid hours of the night. It would surely be best to have a distinct agreement, and if any of the residents decline the terms these should not be applied to; if, on the other hand, they accept them, it should be on the understanding that they do not at any time decline attendance except for some very special or cogent reason. With some such regulation as this we believe a great boon would be conferred on the poorer classes.

DISCUSSION AT THE AUCKLAND BOARD OF GUARDIANS.

WE much regret to be obliged to note the decision given at a recent meeting of the above-named Board, when a report of a Committee was presented which recommended the increase of the medical officer's salary on the ground that the work and responsibility had enormously increased, and that the office was considerably underpaid. The presentation of this report appears to have given rise to considerable discussion, and notwithstanding the statement that the Committee were

agreed upon the subject, when the vote was taken on the resolution, nine only voted for it, and nineteen against it. This decision, so directly adverse to the report of the Committee, ought to be sufficient to warn all members of the profession against undertaking any duties under the Auckland Board of Guardians, as it is evident that their intention is to cut down all expenses to the very lowest, and this without any regard whatever to equity or justice.

EXCESSIVE DIARRHOEA MORTALITY.

ACCORDING to the most recent weekly return of the Registrar-General, a very excessive mortality from diarrhoeal diseases prevails in most of our large northern towns. Although the warm weather has had but little effect in raising the diarrhoea death-rate in most of the southern towns, it is a remarkable fact that of the twelve towns having the highest diarrhoea rates last week, no fewer than ten are in the counties of Lancashire, Yorkshire, and Durham. In these ten towns the death-rate last week from diarrhoea was equal to an annual rate of no less than 9.0 per 1,000, while in the remaining twenty-three of the thirty-three towns dealt with by the Registrar-General it did not exceed 2.5 per 1,000. The rate was as high as 11.5 in Burnley, 13.3 in Sunderland, 13.4 in Preston, and 16.8 in Hull; while in London it was only 1.5 per 1,000. In Hull nearly 50 per cent. of the total deaths were referred to diarrhoea; and in Burnley, Preston, and Sunderland nearly 40 per cent. were attributed to this disease.

NOTIFICATION AT MIDDLEWICH.

WE have read with much regret the following paragraph which appears in the *Winsford and Northwich Guardian* as part of a report of the proceedings of the Middlewich Urban District Council:

"The Nuisance Inspector reported that there had been a death from scarlet fever at Newton. A second child had been notified as suffering from the disease, as well as a child in Leadsmyth Street. Dr. McJannet said it appeared in the paper that he and Dr. O'Kell had been in attendance at Newton. He had attended no case of scarlet fever, and he felt that they were being imposed upon. He did not speak as a medical man, but as a member of the Council, and he had a duty to perform. He advised the Council that on receipt of the next notification they should appoint an independent medical man to see that the case really required notification. They had had more cases of infectious disease since the payment of 2s. 6d. for each notification than they ever had before. They never heard anything about measles now, although it used to be so prevalent in Middlewich. They did not hear about it because there was no half-crown for notifying measles. (Laughter.) He spoke advisedly, and asked them on receipt of the next notification, no matter what doctor it came from, to send an independent doctor to examine the case. Mr. Haddon: That will cost more than half a crown. Dr. McJannet: But it will save a good many, and if it goes forth that we are to have someone I am certain that we shall not have so many notifications as in the past. The subject was not further discussed."

Surely the speaker cannot have realised the gravity of the charge which, according to the local press, he has publicly made against his professional brethren. That more cases of scarlet fever and fewer of measles are heard of at one time than at another is nothing to the point, but the suggestion that there would be fewer notifications and fewer half-crown fees to medical men if the cases were verified, amounts to a charge of deception which ought neither to be lightly made nor lightly passed over. The proposed systematic verification is inadmissible, even if it were desirable, and the District Council were well advised in declining to entertain the suggestion.

THE CASE MORTALITY OF MEASLES.

A CORRESPONDENT of the *Newcastle Daily Chronicle*, who signs himself "A Bachelor of Medicine," pleads for the notification of measles, and supplements the usual array of arguments by figures which tend to show that the disease is one of steadily increasing malignancy. He quotes from the Report of the Newcastle Dispensary for 1893 the following statistics:

From 1854 to 1863, of every 100 cases of measles 4.2 died.

" 1864 " 1873 " " " " 5.9 "

" 1874 " 1883 " " " " 6.7 "

" 1884 " 1893 " " " " 6.9 "

During the year 1893 " " " " 8.2 "

The case mortality of scarlet fever, as calculated from the *City Health Report*, during the decade 1884-93, was 4.7 per cent., which is considerably less than that of measles for the like period, as shown above.

NEW INFIRMARY AT BRAINTREE.

IN passing through Baintree the other day we noted with pleasure that the infirmary buildings were rising apace. They appeared to be well situated as regards light and air, and we congratulate the guardians at having at last commenced the only workable scheme for the nursing of the sick. It may be remembered that our Commissioner severely commented on the inconvenient wards and antiquated style of the nursing in the infirmary of the Baintree Workhouse.

CONFIRMATION OF MEDICAL APPOINTMENTS BY LOCAL GOVERNMENT BOARDS.

INQUIRER writes as follows: A. and B. apply for a vacant Medical District. A. is appointed by the guardians; he runs a cheap practice, and is not recognised by the other medical men in the locality. Will the Local Government Board confirm A.'s appointment if they are informed of the facts stated, or will they recommend the appointment of B., who is recognised by his fellow practitioners?

. There is no reason to suppose that the Local Government Board would, solely for the reasons stated by our correspondent, decline to confirm the appointment made by the guardians.