

the British Medical Association, President of the Medico-Chirurgical Society of Glasgow, and President of the Glasgow Ayrshire Society, and he was also a member of the Glasgow Philosophical Society. For more than forty years he was medical officer of the Western Friendly Society, Glasgow. In medical literature Dr. Morton is chiefly known from his successful method of treatment of spina bifida. A second edition of his work on this subject was published in 1887 by Messrs. J. and A. Churchill. In July, 1889, it was discovered that Dr. Morton was suffering from aneurysm of the aorta of considerable previous standing, but notwithstanding his knowledge of this fact he continued courageously to fulfil his professional engagements so far as his illness would allow him, and when overtaken by death on the last day of 1889 he was in the act of accomplishing a round of professional visits. The deceased gentleman was twice married, and is survived by a widow and by a numerous family of his first marriage.

RICHARD CLAYTON, L.R.C.P., M.R.C.S., J.P.

MR. CLAYTON, of Accrington, whose death we recorded last week, early in life acted for a time as assistant to a chemist and druggist. On deciding to enter the medical profession, he was placed under Dr. Kennedy Gill. Mr. Clayton subsequently proceeded to Glasgow, where he entered at Anderson University in 1855, and qualified in 1858. In the same year he took the diploma of M.R.C.S. Eng., and in 1868 that of L.R.C.P. He first practised at Sadden, and then at Oswaldtwistle, where he succeeded his cousin Dr. Haworth. Eventually he succeeded to the practice of Dr. Dickson, of Accrington, where he resided until a few years since, acquiring a large and lucrative practice. He held several local medical appointments; he was certifying surgeon under the Factory Acts, and medical officer of health and public vaccinator for the Accrington District of the Haslingden Union. His connection with the corporation of his native town (Accrington) dates from 1878, when he first entered the Council, and was returned unopposed. As proofs of his popularity at this early period, it may be mentioned that he was shortly afterwards appointed chairman of the Health Committee, an office which he held uninterruptedly from that time with credit to himself, and was elevated to the aldermanic bench in 1882, being unanimously re-elected at the expiration of his term of office. Alderman Clayton was conspicuous for his warm and energetic advocacy of the pail system as opposed to the water carriage system of sewage. To the efforts of Mr. Clayton are largely due many important improvements in the sanitary condition of Accrington, and the town has lost in him a highly efficient public servant. Mr. Clayton took a deep interest in the formation of the Artillery Volunteer Corps at Church, to which he was for many years surgeon, and at the time of his decease honorary surgeon. His genial and social nature drew around him many friends, by whom his presence will be greatly missed. His funeral took the form rather of a public ceremony, and was of an imposing character, being attended by the borough police force, members of the Town Council, corporation officials, and borough magistrates, including the mayor.

PROFESSOR GULIA.

WE have to record the death of Dr. Gavino Gulia, M.D. Malta, Professor of Natural History, Hygiene, and Forensic Medicine in the Royal University of Malta, which took place at Marsoscala, near Zabbar Village, on December 25th, 1889, from septicæmia. He had been invited to represent the Royal University of Malta at the Congress of Natural History held during the International Exhibition, and returned from Paris full of health. Apart from his eminence in his own profession, he was endowed with literary ability of a high order; he was a well read and well informed man generally, as his addresses, papers, and private conversation fully showed. His numerous friends will long remember the endearing qualities of his character, and regret the early termination of his career.

FRED. W. GISBORNE MORGAN, M.B., C.M.

IN recording the death, at the early age of 24, of Dr. Fred Morgan, late dispensary surgeon to the Bradford Infirmary, we add another name to the long list of hospital residents who have died in the midst of their work.

Dr. Morgan was a native of Ceylon, who studied at Edinburgh University, where he graduated M.B., C.M., in 1888. His illness was an acute septic fever of obscure origin, and of a fortnight's

duration, the prominent feature being pericarditis. He had previously got, as so many hospital residents do, considerably run down in health, owing to the arduous nature of his duties.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ANTISEPTIC VENTILATION OF HOSPITALS AND SANATORIUMS.

WE have had an opportunity of inspecting this system at work on the business premises of Messrs. Burroughs, Wellcome, and Co. The ventilation is carried on by the propulsion method, the motor used being a Sturtevant blower, situated in the basement of the building, actuated by a small steam engine. The air is drawn through a shaft into a sheet iron box, where it is heated by passing over tubes containing waste steam from the engine. The degree of heat can be regulated by the admission of a greater or less volume of steam into the coils or tubes. After leaving the heating box the air is propelled by the blower into a shaft, where it is filtered by passing through linen cloths. The main shaft subdivides into branch shafts which conduct the warm fresh air into every room of the building. The volatile antiseptic is introduced into the branch shafts by means of a mechanical dropper, which causes the antiseptic liquid to drop continuously and regularly upon a sponge or other distributing material placed in the shaft before it opens into the room. Pinal (pumiline) and eucalyptol are the substances chiefly used. They are readily volatilised on the sponges by the warm current of air, and the vaporised essences are distributed through the rooms with the entering air, to which they give a fragrant and pleasant perfume.

The propulsion system of ventilation has some advantages over the extraction system for hospitals and public buildings, as the air can be warmed, cooled, or filtered at one spot, and the amount introduced can be easily regulated according to the varying requirements of the establishment. For factories or other places where much dust is produced the extraction system is the best, as the floating particles in the air are carried away as soon as produced. As regards the use of antiseptics in the propulsion system, they are obviously likely to prove of much value for *post-mortem* and dissecting rooms, for crowded out-patient waiting rooms or other places where foul odours are given off from the nature of the work carried on, or from the assemblage of a large number of dirty people. Whether the volatilised perfumes are sufficiently concentrated to exert any antiseptic or disinfectant influence on the air of the rooms with which they become mingled must remain a doubtful point. The system is advocated for use in the surgical and erysipelas wards of hospitals, in fever hospitals, and in consumption wards for these reasons. But with the exception of consumption wards, where the vaporised pinal might very possibly exert a soothing effect upon the lungs of the patients in the direction of relieving cough, there is no evidence that would lead us to believe that the introduction of these essences would increase the beneficial effects resulting from the introduction of pure warm air in abundant quantity. The system is, at any rate, worthy of trial, as the cost of the introduction of the antiseptics would be a comparative trifle compared with the cost of the installation of a system of ventilation by propulsion. There are few, if any, hospitals in the United Kingdom ventilated by the propulsion method, but we believe it is being largely introduced into the hospitals of the United States, where it is giving the very best results. The rotatory fans now made are very perfect appliances, as compared with the apparatus in use in past years, and they are capable of doing a vast amount of work in the propulsion of large volumes of air at a low rate of speed, an essential point in the ventilation of buildings, at a very small consumption of power.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE AND HOSPITAL ACCOMMODATION.

DR. SPOTTISWOODE CAMERON, medical officer of health for Leeds, recently issued to the members of the Sanitary Committee of the Leeds corporation copies of an interesting report on the subject of the notification of disease and hospital accommodation. For the purpose of the report, Dr. Cameron made inquiries of the medical