

essay on *Tracheotomy* is not less perspicuous in plan than full of valuable matter. Dr. Cohen's monograph is based on statistics drawn from French, German, English, and American sources, the figures being subjected to very careful analysis, and not reduced to those averages which often render the numerical method fallacious.

The indications for the operation, the best mode of opening the windpipe, the employment of anaesthetics, the after-treatment of the disease and of the surgical wound, the casualties which prevent recovery, the period at which a fatal issue may be looked for or a cure anticipated—are each discussed in a thoroughly lucid manner. The most important deductions of the author are:—That there is no insuperable contraindication to tracheotomy in croup; that anaesthetics are admissible, but must be administered with great caution; that the incision should be made as near the cricoid cartilage as possible, after careful dissection of the superjacent parts; and that the tube should be dispensed with as soon as possible. Finally, Dr. Cohen remarks that assiduous attention should be bestowed on the after-treatment, especially that of the wound; and that a skilled attendant should be within a moment's call for the first twenty-four or forty-eight hours immediately following the operation. We cordially agree with this last proposition, and believe that many lives would be saved if it were more generally acted upon.

Want of space will not permit us to do justice to this interesting and instructive volume; but, since tracheotomy is an operation which any medical practitioner may be called upon to perform at a moment's notice, we strongly recommend the work to the profession, as a guide at once philosophical and practical.

THE PRESENT STATE OF THE ARMY MEDICAL SERVICE AS A LIFE CAREER FOR THE SURGEON. By EDWARD HAMILTON, A.B., M.D., etc. Dublin: Fannin and Co. London: Longmans. 1875.

UNDER this title, Dr. HAMILTON has published a pamphlet of which we heartily applaud the intention. It is laborious, spirited, and in the main a just picture of the disadvantages of a military medical career in the present state of the service. The author has largely borrowed from material furnished in our pages; and it would, perhaps, have been more gracious, had he not topped and tailed documents so as to make their source unrecognisable. We trust, however, that his pamphlet will be as serviceable as its author desires. In order, however, that it may have the desired authority, it should be withdrawn from circulation and subject to revision of its figures, for, in some all-important matters of calculation, it contains the most extraordinary blunders. Thus he makes his figures prove that, if the Government were to promote surgeons at twelve years, instead of after fifteen years' service, to be surgeons-major, it would make very little difference in outlay—only £2,538 *per annum* for the whole department, taking a course of eleven years. Even in his own way of calculating, he has made a mistake in his figures, owing to not having put rightly the difference of the surgeons' and surgeon-majors' allowances; and he has made the mistake to the disadvantage of his own argument, for, according to his mode of calculation, with right figures, the cost to the Government would be only £1,873 *per annum* for eleven years, instead of £2,538. But, unfortunately, there is an error of a more serious kind at the bottom of his whole arithmetic; for the real cost to Government of promoting men at twelve years instead of fifteen years would be £113,700 for eleven years, or £10,335 for each year. Thus it is five times Dr. Hamilton's own estimate, and five-and-a-half times what that estimate would have been had it been correctly worked out even according to his own method. Even this £10,335 *per annum* might be not too much for Government to spend on the department; but it is better, at any rate, that false calculations, which will not bear rigid investigation, should not be urged on the Government. We hope, therefore, Dr. Hamilton will adopt our suggestion and at once revise his figures.

NOTES ON BOOKS.

WE welcome the completion of the third edition of the *Micrographic Dictionary* (J. Van Voorst). It is an invaluable repertory for students of the microscope, and the twenty-one parts now published form a volume which is unrivalled in its interest and encyclopedic value. No lover of general micrography can well dispense with this well compiled and beautifully illustrated book.

The issue of Sowerby's *British Wild Flowers*—a book of classic excellence—is also progressing satisfactorily in the hands of the same publishers. We have before us Parts 7, 8, and 9. The drawings, figs. 481 to 720, are delightfully drawn and coloured. For the field-botanist, this book is a treasury of useful and pleasing reference.

BRITISH MEDICAL ASSOCIATION: SUBSCRIPTIONS FOR 1875.

SUBSCRIPTIONS to the Association for 1875 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 9TH, 1875.

THE REPORT OF THE COMMISSIONERS IN LUNACY.

THE twenty-eighth report of the Commissioners in Lunacy, which is dated March 31st, 1874, opens with a short statement of the tragical circumstances under which one of their number met his death, while engaged in the discharge of his duty. The sad end of Mr. Lutwidge, which resulted from a wound of the temple, inflicted by an inmate of the Fisherton Asylum, created a feeling of painful sympathy throughout the country at the time of its occurrence, and is remembered now with genuine sorrow, not only by his colleagues, who pay a graceful tribute of respect to his memory, but by all those who were brought into official or friendly contact with him. Cordial and sincere, humane and magnanimous, Mr. Lutwidge seems to have had much of the modern Bayard in him. He conciliated those who were inclined to be hostile, gained the good will of the indifferent, and endeared himself to his more intimate acquaintances. Such a life as his could ill be spared; and it is difficult to refrain from harbouring vindictive feelings against that criminal lunatic who took it, and who, having been maintained for twenty-seven years at the public cost, thus robbed the public of a valuable servant. The allegation of the Commissioners regarding that criminal lunatic, that he was accountable for his actions when he killed Mr. Lutwidge, raises some serious questions as to the boundaries of responsibility, criminal and civil, and as to the degree in which the insane ought to be amenable to punishment. Without entering here upon such extensive topics, we may point out that the murder of Mr. Lutwidge, by a lunatic who had been for years regarded as harmless, brings into vivid conception the risks run by those who have habitually to mingle with the insane. A lunatic asylum is indeed a magazine of explosive materials, and both courage and caution are required of its custodians.

Having briefly and appropriately referred to the loss of their coadjutor, the Commissioners proceed to describe their operations for the year, and to take a general survey of the lunacy of the kingdom. That survey is in some respects alarming, and in others reassuring. It is alarming, because it reveals that insanity is steadily increasing amongst us, and that we are still without definite information as to the causes of that increase, or the means by which it may be met and arrested. It is reassuring, because it satisfies us that the provision made for the insane in this country is being gradually improved, and that the Commissioners are vigilant over everything that concerns the welfare of that afflicted class that has been placed under their supervision. Abundant evidence of quiet unostentatious progress is furnished by the report before us. There can be no question that the twelvemonths' work of the Commissioners—and hard work too—here summed up, has been productive of widespread benefit; and that their exertions, seconded by those of the medical officers of our lunatic hospitals, are daily augmenting the usefulness of these institutions, and making them more than ever patterns for imitation to the rest of Europe, and, but for fear of the consequences, we should add to America also. There can be no question that the Commissioners execute their trust in an efficient and skilful manner. They have hit upon the art of happily combining central authority with local liberty. Stringent and uncompromising in the universal en-

forcement of certain well established principles, they are indulgent, even to individual caprice, where room for experiment and doubt remains. No better testimony can be offered to the sagacity of their policy, than the unrummuring way in which it is everywhere received and acted upon. Their counsels are almost invariably and promptly adopted; and they are not, like other boards that might be mentioned, embroiled in incessant and rancorous controversies with subordinate authorities and recalcitrant officials. Differences of opinion, as is inevitable, from time to time arise between the Commissioners and those whom they have to direct and advise, but these differences are not aggravated into open feuds, and generally end in a diplomatic triumph for the Board at Whitehall. Their annual Blue Book is a monument of the discretion of the Commissioners. It is just such a Blue Book as Lord Palmerston would have approved, if he had been in the habit of reading these official lucubrations. In it the Commissioners do not commit themselves to neat theories, nor engage in vague speculations, but are content to deal in a straightforward and practical spirit with the problems which have come before them during the year. They avoid all statistical strategies and social puzzles, but clearly set forth the condition of the establishments which they have inspected. They administer censure with a justice and calmness that leave no room for reproach, and are not niggardly of praise where it is deserved.

As the total number of lunatics, idiots, and persons of unsound mind in England was increased by 1731 during last year, we are not surprised to find the Commissioners reporting the erection of new asylums, and the enlargement of already existing ones. At Whittingham, in Lancashire, a most complete and well-balanced asylum, intended to accommodate 1100 patients, and built from designs supplied by an able member of the medical profession, Mr. Holland, has been formally opened; and at Chartham, in Kent, a new asylum for 640 patients is now in process of construction. At the Norfolk, Somerset, and Surrey County Asylums, and at that for the City of London, considerable extensions have been effected, and at several other asylums enlargements are in prospect. More pleasing to contemplate than these enlargements, however, are the improvements which have been carried out at various establishments, and which have obviously been carefully designed to enhance their usefulness, and to meet the requirements of science and humanity for the treatment of mental diseases. A new chapel has been added to the asylum for the county of Cumberland, and a Turkish bath to that for the county of Glamorgan. The Worcester Asylum has been setting its drains in order, and has acquired two new general bath-rooms; while the Oxford Asylum has made better provision for the healthful employment of its inmates by the purchase of a plot of land, and has exhibited a wise forethought by the erection of a detached infirmary for infectious diseases. It is impossible to enumerate a tithe of the improvements which the Commissioners refer to, and which have not been confined to county and borough asylums, but have been distributed over registered hospitals, metropolitan and provincial licensed houses, and workhouses as well. Suffice it to note, that a spirit of improvement is abroad in our asylums, and that the manifestations of that spirit which are reported are all of a commendable kind. That they are so is due mainly to the influence of the Commissioners, who zealously oppose any tendency to improve backwards that may display itself, and always advocate sound and judicious reforms. We are glad to observe that they are imbued with a proper sense of the medical character of a lunatic asylum, and that they give their support to the scientific study of mental derangements. "We have the satisfaction of reporting", they say, "that the practice of making *post mortem* examinations of the bodies of patients dying in asylums continues, year by year, to be more generally adopted in nearly all our public asylums; the proportion of such examinations to the deaths having risen from a general average of 40 per cent. in 1869 to 61 per cent. in 1873". No opportunity of recommending an increase in an asylum medical staff, or of strengthening the hands of asylum medical officers in any laudable undertaking, is lost by the Commissioners.

There is what will probably prove a very useful appendix to this

report, consisting of the plans of three small asylums of approved and modern construction, and of a simple and economical form of ward for epileptic or suicidal patients. It is now thought desirable that patients of these classes should be subjected to constant supervision by night as well as by day, and the plan here published, is so arranged, as to afford facilities for carrying out that system. It strikes us, however, that the plan scarcely provides a sufficient amount of day-room space—only, apparently, about thirty-seven superficial feet per patient being allowed.

On five occasions during 1873 did the Commissioners feel called upon to direct the prosecution of those who had illegally detained and neglected, or ill-treated lunatics. On one of the cases, in which a prosecution took place, that of Vollans, we commented at the time, and did not hesitate to express the opinion that there had been a failure of justice. The Commissioners have taken the same view of the case, and, with great cogency, urge that the verdict was an extraordinary one, and much to be regretted in the cause of humanity.

NECROPSIES IN WORKHOUSES.

At the Portsea Island Union Workhouse, the Board of Guardians have lately suspended a medical officer, on the plea that he had made *post mortem* examinations without the sanction of the friends of the deceased; that he had performed *post mortem* surgical operations; and that he had removed certain portions of bodies from the mortuary, to wit, a liver and a larynx.

It appears that the Board of Guardians, at a previous meeting, had passed a resolution, to the effect that the surgeon should be permitted to make *post mortem* examinations, provided he first obtained the consent of the friends of the deceased. The defence of the medical officer was, that he had never made a *post mortem* examination without the consent of the friends of the deceased, and that he never performed surgical operations except upon unclaimed bodies; that the removal of portions from the mortuary was according to custom, the particular liver being a valuable specimen of disease for preservation, and the larynx requiring further investigation. After perusing the printed report of the case, we are of opinion that the first accusation was not proved on the part of the Board of Guardians. On the contrary, it is positively denied by the medical officer that he either made a *post mortem* examination, or even saw the body after death of an individual upon whom it was stated that such an examination had taken place. The Board of Guardians refuse to give the names of those from whom they derived their information. We are, therefore, bound to accept the evidence of the surgeon as correct. He states, in referring to one case in which it is alleged that a *post mortem* examination was made: "I declare that no *post mortem* took place." Referring to a second alleged necropsy, he says: "I never applied to the master to sanction a *post mortem* examination, because none ever took place; I never saw the body after death, and no thought of a *post mortem* ever entered my mind."

Unless the Board of Guardians will give the names of those from whom they derived their information, and are prepared to give a direct contradiction to the statements of the medical officer, they silently acknowledge that they have obtained information in a most careless and reckless manner; that they are totally incapable of weighing evidence; that they have committed a gross error in judgment; and that they have overstepped the bounds of their duty at an expense to, and with the temporary degradation of, one who, there is reason to believe, is a capable and efficient officer.

The Local Government Board, at Whitehall, have acquitted the medical officer of any improper motives in making the several *post mortem* examinations referred to, and have very properly reinstated him in his office.

We cannot, however, altogether agree with the decision of the Local Government Board in reference to the making of *post mortem* examinations in workhouses; and as their decision may be taken as a precedent in future mishaps between the Boards of Guardians and medical officers,

we think it requires further discussion. In the letter from the secretary at Whitehall to the Medical Officer of the Portsea Island Union Workhouse, the following notice occurs: "The Board consider that the workhouse is not a proper place for making *post mortem* examinations for this object" (in the interests of science); "and they must, therefore, require that in future you will not, in any case, make such examination, excepting by the direction of a coroner when holding an inquest, or the direction of the guardians for some special, urgent, and peculiar reason, which they may deem of such importance as to render such examination necessary. As a general rule, *post mortem* examinations ought only to take place in workhouses for the purpose of discovering the cause of death when it cannot be otherwise ascertained."

We are of opinion that no opportunity should be lost of making a *post mortem* examination either in private practice, or in hospitals, workhouses, and other public institutions. It is from the multitude of such examinations that facts are established which direct the progress of the science of medicine, and which ultimately lead to the saving of life. Some of the leading scientific men of our profession have held the office of surgeon to unions and workhouses: and in that capacity they never failed to associate the morbid anatomy, as seen in carefully made *post mortem* examinations, with the signs and symptoms of disease during life. It is to be regretted that men are rarely to be found who will trouble themselves with *post mortem* examinations; and most certainly should no unnecessary restrictions be placed upon energetic and scientific medical officers attached to infirmaries and workhouses where, of necessity, a large field for study is opened.

With regard to the performance of surgical operations upon unclaimed bodies, it is unnecessary further to discuss the matter on the present occasion; but, considering the dearth of subjects in the schools of medicine, it is to be considered a misfortune that, owing to the prejudice of some guardians, much material is lost which might be the means of simplifying the study, and of increasing the knowledge, of future generations of medical practitioners.

WHAT NEXT?

In these days of multifarious charities, it is no easy matter to propose one which shall be altogether novel in its character. Yet this is what Dr. John M. Crombie has succeeded in doing, in a pamphlet entitled "A Plea for the Poor suffering from Painful Incurable Disease". Dr. Crombie, it seems, was for two years and a half resident medical officer at the Cancer Hospital, Brompton; and he observed that, in a great number of cases, the most important part of the treatment consisted in the administration of narcotics to relieve pain. But why, he asks, should poor people, who are incurably ill, come long distances, in rough third-class carriages, and wait for hours at a hospital, only to receive a small phial of laudanum? Would it not be a much better plan, and a much greater charity, to send it to them by post? This, in effect, is Dr. Crombie's proposed basis for a new charitable society. And if anodynes—"opium and its derivatives, with chloroform and its allies"—may in this way be sent to patients suffering from cancer, why may not other approved remedies be sent to other cases? Upon the certificate of two medical men, or of one medical man and a clergyman, Dr. Crombie proposes that medicines should be forwarded to all parts of the country; and contributions are earnestly solicited on behalf of the "United Kingdom Dépôt of Medicine, as the charity has been decided to be named, in explanation of its object of sending its medicines to any part of the United Kingdom". Dr. Crombie styles himself *Honorary Secretary*: but, as his is the only name which appears, we presume that the society is not yet constituted, and we trust that no one of rank or position will lend himself to such an unwise proposal. A society which springs out of the mode of practice in vogue at the Cancer Hospital will not be received with much favour by the profession; and, indeed, the only part of the pamphlet in which we concur is the comment upon the inutility of that institution. "The Cancer Hospital enjoys a multimum" (whatever that may be) "of the money, but it

remains for its medical staff to show a minimum of good done in the extraction of truth or utility for humanity."

Dr. Crombie's proposal rests entirely upon an absurd fallacy. "Let us reflect a moment," he says, "upon the thousands who die annually from this disease" (cancer), "and the many who must be sorely unprovided for, as there is nothing for them out of London but the union poor-house, which is not very liberal in the supply of expensive medicines." Now, there is not much reason to complain of the union infirmaries. They are officered by very competent men, and the force of public opinion has done much of late years to make the guardians more considerate. But, over and above these, there are innumerable hospitals scattered over the country which Dr. Crombie entirely ignores. He implies that there are in London only two institutions capable of dealing with cases of malignant disease—the Cancer Hospital and the Middlesex Hospital; and we imagine the surgical staff of the latter will not thank him for the juxtaposition. He quite overlooks the numerous general hospitals and invalid-homes, both in the metropolis and in the provinces, where cancer can be far better treated than in the way he suggests. In dealing with the class of cases which Dr. Crombie seems to have in view, the proper course is to call out the kindly sympathy and assistance of neighbours and friends, and to allow the local medical man to direct their benevolence as he thinks best.

PROPERTY IN PRESCRIPTIONS.

THIS subject is one which has attracted less attention in this country than it has abroad. The common assumption, however, that a physician, in writing a prescription, loses all right of property in it, and that the chemist who copies it acquires the right of using it as he pleases, and the patient the right of perpetually disposing of it, does not everywhere pass unquestioned. A committee of the St. Louis Medical Society have drawn up a report which expresses very decided views on the subject. They say (*St. Louis Medical Journal*, December 1874):

A prescription is nothing more nor less than a written order or direction from the physician to the apothecary to furnish or compound certain medicines for the patient, to be used by him according to the written or verbal directions given him at the time. It is undoubtedly the property of the author, and neither the patient nor the apothecary acquires any right to make use of it, except for the case and purpose specified. It is merely a safe and convenient mode of communicating instructions from the physician to the druggist. Formerly, it was the general custom for the physician to dispense the drugs himself, and no prescriptions were needed. But, at the present day, in most cities and towns, the druggist prepares and furnishes the medicine. This arrangement is beneficial to both professions, as well as to the public, and from it arise certain implied contracts. When a physician sends a prescription to an apothecary to be compounded, there exists between them a tacit understanding or agreement that such prescription, when it is original with the practitioner sending it, shall not be made public. In such case, it would be neither honourable nor honest for the druggist to deprive the author of the benefit of it by dispensing it indiscriminately. The originator is the only person who would have the right to do so if he choose to exercise it. But the apothecary certainly does not obtain the same privilege by gaining a knowledge of the ingredients and proportions which he acquires in compounding the prescription.

The prescription is only a single order given the patient upon the druggist for use, at that time, unless otherwise directed by the physician; and if the patient have it repeated without further advice, he does so at his own risk, still we cannot prevent him from using a copy of said prescription as long as he chooses. Universal custom and legal decisions have sanctioned this right. The druggist who refills a prescription without an order from the doctor thereby assumes all responsibility for accidents that may accrue therefrom. He has really no equitable right to use the prescription in any manner without an order from the physician. Professor Ordonaux says: "But, although, as has been already shown, the party paying for the prescription has an undoubted property in the paper, and a right to the *personal use* of the formula, it is clear that he acquires thereby no absolute property in the latter. That he may use it personally as often as he pleases, cannot be doubted, for the use is precisely what he has purchased and paid for, but he has no right to give it to others."

The prescription, then, continues the property of the author, and the apothecary has no claim to it whatever, except as a record. The cus-

tom, however, of renewing prescriptions without consulting the physician has grown to be so common that it will be difficult to correct it, but by concert of action between physicians and druggists we may check the growing evil, and in a great measure do away with it. It has originated mainly from the desire of the patient to avoid the expense of consulting us a second time; but we, too, are very much to blame for it. Many medical men keep no record of their prescriptions, and when patients return to them, stating that the medicine which was ordered for them has acted so well that they wish to get it repeated, the doctor, not remembering the formula, directs its repetition. Others are actually too lazy to write a new prescription, and direct the patients to have it renewed. This practice has become so much abused that, unless we get our whole fee in advance, or direct the druggist not to repeat the prescription, we never again see the patient, who continues repeating his medicine until he is cured, and concludes that we have been well paid for our advice by a single fee. Agreement among druggists not to refill prescriptions, except upon a written order from the physician, would relieve them of all responsibility in case of a mistake or accident; would save them much trouble in hunting up old prescriptions; and, if the custom were general, would rather increase than diminish their business, whilst it would restore to us much that legitimately belongs to our profession. Liberality is one of the cardinal virtues of our profession, but it will hardly be expected that we should throw away our knowledge.

They recommend the following resolutions:

"That, as members of this Society, we are opposed to the dangerous practice of patients and druggists renewing a prescription without consulting its author to ascertain whether such medicine should be continued or not, for it is well known that many medicines have a cumulative effect, and thereby become dangerous and destructive."

"That we will favour legislation that will prohibit the dangerous practice of apothecaries renewing prescriptions without the authority of the physician, and that, until such legislation be effected, we earnestly request all pharmacists to restrain from repeating prescriptions as far as they can, without a written order or endorsement from the physician, and ask them to destroy all prescriptions after retaining them in their possession for thirty days."

"That, as the physician, as the originator of the prescription, acquires a literary property in the composition of the formula, belonging to him as its author, he has a right to sell the use of the same to a patient for his own benefit without thereby invalidating his claim to his original ownership; and that the apothecary by compounding the same acquires no legal property claim in it, except as a matter of record to justify himself in compounding the same, and his right in the prescription is simply that of a custodian, whilst that of the patient pertains only to the individual use of the prescription."

MR. HORATIO PURSLEY of Weston-super-Mare has presented to the hospital authorities of that town a cheque for the sum of £1000.

DR. RUPSTEIN, an assistant in Professor Frerichs's clinic in Berlin, has recently died after three weeks' illness from typhoid fever.

THE Metropolitan Board of Works have instituted a new office, viz., that of ice-inspector; whose duty is to examine and certify to the safety of the ice in the parks. The want of such an official has long been felt; and there can be no doubt that indirectly he will be the means of saving the lives of many of those fools who needlessly rush into danger, which wise men would avoid.

IT is, we believe, arranged that Mr. Ray Lankester will succeed to the Chair of Comparative Anatomy and Zoology in University College. The selection is of the happiest omen; Mr. Lankester is not only eminent as a comparative anatomist of the first order, but is inspired with the true spirit of scientific research; and will, we trust, in the career which is thus early opening before him, found a school of ardent students of comparative anatomy in London. The enthusiasm of science is contagious, and we should like to see the infection spread in our London schools.

PUBLIC MORTUARIES.

AT an inquest recently held in Clerkenwell, statements were made which illustrate the necessity, often insisted on by sanitarians, for public mortuaries. The room in which the deceased was found dead was, like the

body itself, dirty in the extreme. The body had to be conveyed for the *post mortem* examination into a lower room, where there was neither table nor chair, nor any other convenience—the place, moreover, being unfit in every respect for the purpose, and so situated that grave danger to the health of the other inmates of the house would have been incurred had the mortal disease been of an infectious character. The Coroner, Dr. Hardwicke, in summing up the facts of the case, remarked on the necessity for a mortuary in the parish, and alluded to the difficulties experienced by the vestry, especially in regard to obtaining a site. While crediting the particular vestry with "trying to do all they can" to supply the admitted want, we confess to have seen the above excuse for delay put forward so often, as to suggest some doubts of the sincerity of those public bodies by which, or in behalf of which, it is made. The real difficulty often, we suspect, is the unwillingness of vestries to incur the expense, and the excuses for delay are ingenious rather than serious. Where there is a will there is a way. If the vestries would vote the money, the site would often be forthcoming—at any rate, it might be obtained. The need of mortuaries is now generally admitted in theory, but we do not expect to see them in general use until the permissive powers contained in the Sanitary Act, 1866, and other enactments, are made compulsory, with additional powers for the acquisition of land. But even then, we fear, mortuaries would be little used unless some arbitrary power of removing the dead, in suitable cases, were lodged in local sanitary officers, thus obviating the delay which now arises in putting the machinery of the law in motion. Apart from the gain to the public from the speedy removal of bodies of those who have died from infectious diseases—all the more necessary on account of our system of delayed interment—the general use of mortuaries would remove a scandal of common occurrence arising from the long detention of the dead in the very midst of the inhabitants of the crowded single apartments in which many thousands of our poorer classes reside. We cordially endorse the sensible remarks of the Coroner in the case above referred to, and trust that the expression of his opinion—and that of the jury will stimulate the vestry of Clerkenwell, and other vestries also, to more earnest efforts to supply this great public want.

A TERRIBLE SITUATION.

THERE seems to have been some negligence in the inspection of the ship *Forfarshire*, which left Calcutta for Demerara on the 18th of August last, with 510 Coolies on board. We are told that, previously to leaving Calcutta, the Coolies underwent medical examination; but when the ship had been only two days on the voyage cholera broke out amongst the Coolies, and within the next eight days forty of them were down from the disease. In five days no fewer than thirty deaths took place; and at one time, according to the captain's statement, "It looked as if every soul on board would be attacked". To add to the distress of the situation, measles appeared among the children, five of whom died from this disease, in addition to twenty-two from cholera. The death-list on the passage amounted to fifty-two souls. When the poor creatures died their bodies were wrapped up in blankets and thrown into the sea with as little delay as possible, as the crew "had to give their attention to the living". The suddenness of the outbreak, and the severity of the mortality, points to some evils of overcrowding and to defective sanitary arrangements generally. We are not informed whether the ship carried any surgeon, and find no mention of such an official in the account whence we obtain the above distressing details.

ENTERIC FEVER AND INTERMITTENT WATER-SUPPLIES.

DR. KING has brought under the notice of the sanitary committee of the Town Council of Hull, the circumstances under which, in his opinion, an outbreak of enteric fever prevailed in that borough during the past autumn. In September and October last, five hundred and twenty-six cases of fever were attended by four medical men in Hull; and, since there are between fifty and sixty medical practitioners in the town, it is believed that many other cases than those enumerated must have occurred. The outbreak was to a considerable extent inexplicable, but, when viewed in connection with the experience recently gained in