Cases of pernicious anemia due to the ankylostoma, cases of filariasis, cases of gastro-intestinal troubles, accompanied with pyrexia, all "fall into line with the recognised types" of pyrexia. Cases of mistaken diagnosis are beside the mark altogether; most other diseases are just as liable to be wrongly diagnosed.

My experience of stained specimens is that they are quite as misleading as fresh unstained specimens, sometimes more so. In many cases, it is only when I received the specimens and more certain method of staining is discovered, I would strongly advise those in search of the parasite to use only fresh unstained specimens.—I am, etc.,

A. T. OZARR,

British Guiana Medical Service.

Demerara, April 16th.

AN APPEAL.

SIR,—At the last Liverpool Assizes, an action for damages (Bamber v. Wright) was brought against a medical practitioner in Wigan for alleged negligence in the performance of his duties as club surgeon. The plaintiff received a severely-contused wound of the hand, to which the defendant gave particular attention with a good result. Owing to an opinion that the metacarpal bone had been fractured and not displaced, the plaintiff entered an action claiming £500 damages.

The verdict of the jury, without leaving the box was for the defendant, but as the plaintiff is unable to pay the defendant's costs, which amount to nearly £150, a committee has been formed to raise this amount. Of course it is regretted that the defendant did not belong to a medical defence union, but as he has successfully defended an action which never should have been brought, we trust an appeal to his professional brethren will not be in vain.

This action, Mr. C. M. Brady, Chairman, Mr. C. R. Graham, Dr. Benson, and myself as Secretary, will be glad to receive any subscriptions, and also will be grateful if you will insert this appeal in your valuable Journal.—I am, etc.,

WM. BERRY.

Wigan, May 4th, 1896.

The following subscriptions have been promised or received:-

£ 8 0 0
F. A. Southam, F.R.C.S.Eng. 5 0 0
Robert Jones, F.R.C.S.Eng. 5 0 0
Wm. Berry, F.R.C.S.I. 2 0 0
E. P. White, M.D.Ed. 2 0 0
T. M. Angier, M.R.C.S.Eng. 2 0 0
Dr. Neville 1 0 0
Dr. Benson 1 0 0
Dr. Brady 1 0 0
Dr. Street 1 0 0
Dr. Wolstenholme 1 0 0
Dr. Graham 1 0 0
Dr. Harris, J. F. 1 0 0

NURSING IN WORKHOUSE INFIRMARIES.

SIR,—I was extremely sorry not to be able to accompany the deputation to the President of the Local Government Board on a former occasion a few weeks ago. In these days, no one who knows anything of the matter will dispute the axiom that the nursing of the sick must be done by those who have been trained to the work. This axiom is recognised and acted upon in private life, in voluntary hospitals, and by many Boards of Guardians throughout the kingdom.

The circular issued by the Local Government Board in 1895 was sound in many points in its instruction, but weak in that it did not insist on Boards of Guardians carrying out its instructions by instructing its inspectors to see that they were carried out. What is wanted is that in every workhouse, large or small, separate accommodation shall be provided for the sick. When small iron hospitals can be cheaply erected there should be no more difficulty in doing this than in having a small sanatorium in connection with a small school.

On the question—a most important one—of preventing the undue interference of the matron in the work of the head nurse, referred to by Miss Gill in her letter last week, I think it is only right and proper that the medical officer alone, having responsibility to the Board of Guardians, and I have always insisted in my twenty-five years' experience of workhouse medical work that this should be done. I know there are difficulties to be faced, but let the medical officer face them in a calm and determined spirit, and in the end he will see things come right. He should have the cordial support of the Local Government Board and its inspectors. I am afraid he does not always get it.

There must always be divided authority in a workhouse. The master and matron are master and mistress of the whole house in a domestic sense, but the medical officer is master of his own department; much depends on the way he asserts his authority.—I am, etc.,

ALFRED SHEEN,

Visiting Medical Officer, Cardiff Workhouse.

THE POLICE AND THE DOCTOR.

SIR,—When the body of a newly-born child has been found it is a common practice for one of the police to go the round of the medical practitioners of the district, and to inquire of each one if he has recently been attending any woman who might possibly be the mother. I should be glad to be informed:

1. Whether the doctor is bound in any way to answer such an inquiry? and

2. Whether, supposing him to give an answer which leads to detection, the woman so inquired might sue the doctor for breach of professional confidence? If not, why not?—I am, etc.,

R. J. R.

April 5th.

**.** 1. A policeman has no authority to ask questions of persons whom he is likely to be able to give him information. Those of whom such inquiries are made are quite entitled to refuse to answer. A person summoned as a witness may, when sworn in the witness-box, be bound to disclose what he knows; till then, no legal means exist of making him say anything, if he chooses to keep silence.

2. A person injured by the breach of professional confidence may in some cases bring an action for damages consequent upon the action. Such actions are repeatedly frequent. There seems to be no precedent exactly similar to the case suggested; but the action in such a case would probably be maintainable.

MAGISTRATES AND POLICE DOCTORS.

SIR,—Your interesting and appropriate remarks under this heading lead me to urge upon you the great importance of firmly demanding and securing, as you well express it, guarantees for fair and courteous treatment from judicial officers, and the case you relate we are without full particulars and complaint is indefinite and the wrongs not proved.

In the case of Anderson v. Gorrie and others the Court of Appeal claims the right for judicial officials not only to be courteous and not discourteous, but to use language and conduct calculated to create a confidence in us and our earnings, punish and imprison us for the proper and lawful practice of our profession, which are outrages far beyond those you relate, and which are definitely proved beyond dispute. In this case we have, by the wide public interest it has enlivening discussion, and with the support of the lay public, an opportunity and a reasonable hope, great as are the forces arrayed against us, of making good this demand. The Shropshire and Mid-Wales Branch is taking a very active interest, and carefully endorses the action of the Association: but it is only by much more vigorous efforts of the Council, and by devoting far more space to the subject in the British Medical Journal, that the prime importance of the case for the purpose of securing general advantages will be understood.—I am, etc.,

ED. CURLETON, M.D.,

President Shropshire Branch.

OBITUARY.

JAMES SEATON REID, M.D.EDIN., L.R.C.S.EDIN., L.S.A.,
Consulting Physician to the Belfast Royal Hospital.

One of the most notable figures in the medical profession in Ireland passes away by the death of Dr. Seaton Reid, which took place at his residence, Ulsterville House, Belfast, on May 3rd. James Seaton Reid was born in 1811 at Ramelton in co. Donegal. Several members of his family attained dis-