THE ROYAL COMMISSION ON THE POOR LAW AND THE RELIEF OF DISTRESS.

MEMORANDUMS.

By DR. DOWNES.

OF the eighteen members of the Poor Law Commission fourteen signed the Majority Report and four the Minority Report, while five of those who signed the Majority Report have thought it necessary to issue memorandums in which they express special views. One of the most important of these is the memorandum signed by Dr. Downes, Senior Medical Inspector for Poor Law purposes to the Local Government Board for England. He commences by saying:

I have signed the Majority Report because I desire to support the principle that public relief in every form should be administered and controlled by one local authority in each area. The control of assistance from public funds is a foremost function of government, but it is not one which the people of this country would willingly surrender to a régime of officialism, however this may commend itself to the ultimate aims which have inspired the Minority Report.

But I regret that I must dissent from the scheme of administration proposed in the Majority Report. I view with grave misgivings the wholesale and imminent disruption of existing agencies and the transference of the work of relief to a complicated, untried, and, as I venture to think, unworkable system of machinery with manifold and inherent dangers.

Dr. Downes admits that the present elective basis of our local government in some places has neither secured efficiency, nor prevented corruption, nor fairly represented all interests, nor enlisted the services of many well-qualified workers. Still he thinks these defects could be remedied without sweeping away all directly-elected representation, a course contrary to our national instinct, the necessity for which is not proved. He considers that many of the conditions of outdoor paupers are due not so much to faults of the administration of Poor Law relief, as to shortcomings of education, sanitation, and housing. He regrets that there has not been a fuller recognition of the work done by guardians in the reports; for instance, on the subject of classification of inmates, he points out that of the indoor poor in the country, exclusive of lunatics and casuals, 38 per cent. are provided for in specialized institutions apart from workhouses, and in London over 50 per cent., and there may be some danger of hardship if classification is carried too far, as, for instance, unnecessary breaking up of families. Of the children in receipt of relief, not 7 per cent. are housed in workhouses proper. He points to the satisfactory fact that the number of paid nurses for the sick indoor poor has risen from 200 in 1838 to over 6,000 in 1908, while the beds in the Poor Law infirmaries of London nearly equal those of all the general hospitals in the whole country. Moreover, in spite of the statements about the deterrent effect of the Poor Law, he shows that the public highly appreciate the Poor Law infirmaries, as is proved by the fact that the proportion of the total deaths in London that occur in Poor Law institutions has risen from 12.3 per cent. in 1890 to 20.5 per cent. in 1907.

Referring to the defects on which the sweeping changes advocated in the Majority Report are based, he says:

My experience convinces me that there is not one which could not be met, and I venture to say better met, by a revision, a strengthening, and an extension of existing powers on lines already established.

Referring to the proposed adoption of the county or county borough as the future area of local administration for Poor Law purposes, Dr. Downes is convinced that the amount of readjustment necessary would be so great as to make such a change extremely difficult, and even then no finality would be secured, for as urban districts grew into boroughs, and these into county boroughs, further adjustments would be constantly needed, which would become more and more difficult as the county institutional service became more complete. There are even cases where the area would be reduced, and grouping of county or county borough areas would be practically impossible. In place of this Dr. Downes's own proposal is as follows:

From all these objections a policy of grouping or amalgamating existing unions would be largely free. The adjustment of properties and liabilities would be comparatively simple.

The plan could look forward to, and automatically provide for, the future; existing machinery would be available, and could be used for all it was worth. And in this connexion the question of existing officers should not be forgotten. The scheme before the Commissioners does not fully deal with this, and no estimate of possible cost of compensation for loss of office is given.

It is pointed out that in the rural districts pauperism is largely an affair of old age, which the Old Age Pensions Act will greatly relieve, leaving no necessity for any radical changes, while in London and urban centres the enormous increase in adult and able-bodied pauperism makes the position so serious that reform should certainly begin there.

There are further reasons for opposing any step which tends to municipalize the administration of public relief under the existing conditions of municipal government in this country, conditions which are devoid of essential safeguards, and are fundamentally different from those of Continental cities, a point which appears to be too often forgotten.

Dr. Downes maintains that a strong control of public relief is a vital necessity, and that it should be in the hands of one authority.

But I hold that that authority should be directly constituted for its special purpose; its functions are too great to warrant its attachment as an appendage to a borough council. . . . The great county or county borough councils are already overburdened with duties. . . . Any idea that the scheme would promote co-operation of departments—public health, education, works, relief—I believe to be illusory and dangerous. . . .

I should favour, then, for London a scheme under which a relief authority should be constituted for its set purpose, partly elected and partly nominated, with an administrative area which could, if and when thought fit, be extended to include the fringe of London. . . . I see no reason why a similar machinery should not in turn be applicable to great urban areas elsewhere, each area being built up of existing units of Poor Law administration, according to their community of social and industrial interests.

It has been calculated that in this way 154 urban unions could be dealt with, containing two-thirds of the population of the country, while the remaining 491 unions which are mostly rural could be left undisturbed, except for some adjustment in numbers of guardians and the adoption of representative nomination or by some grouping. Such an organized administration could then take over the lunatic asylums and fever hospitals, which are essentially instruments of public relief.

As regards medical relief, Dr. Downes thinks that the Majority scheme is too complicated and too dependent on agencies beyond the control of the Poor Law; that much depends on the action of the voluntary hospitals; that Poor Law relief needs settling first, and that the alignment of other agencies should follow. The following remarks are important:

The building-up of the provident dispensaries, their relation to the voluntary hospitals, the reciprocity of each with any system of public medical relief, and the ever-increasing public demands upon the services of the medical profession, involve problems which should, I submit, be considered by some body more representative of the interests concerned and more directly equipped to deal with detailed difficulties than the present Commission. The scheme set out in the report appears to me to offer what amounts to a large measure of free medical relief without adequate safeguard either to the medical profession generally or to the ratepayer. Provident dispensaries established by the enrolment of paupers and subsidized by the rates would, I fear, become provident in name only, and the offer or inducement of free institutional relief to any member of these dispensaries is one which in my judgement could not be met until the available accommodation for the sick has been largely augmented. The margin of spare accommodation at present lies in remote country workhouses, and not in the infirmaries of the urban centres of demand. This offer of free institutional relief implies also, but does not ensure, a settled scheme of reciprocity between the voluntary and the rate-supported hospitals. Unless this is done, the Poor Law, in order to fulfil the obligation incurred, would be compelled to establish a costly system of specialized hospitals parallel to and competing with the voluntary institutions.

The memorandum goes on to say that for that class which is not generally dependent on the rates but cannot afford to pay for costly surgery, though willing to pay according to its means, the difficulty will be solved partly by increased accommodation, partly by insurance, and partly by reciprocity between voluntary and rate-supported hospitals; at present the pauper is really better off than this class. Meanwhile the grouping of existing Poor Law units would give wider choice of institutions and facilitate classification of the sick; at the proper time it would be

easy to co-operate with voluntary agencies. Co-operation with the sanitary service could readily be developed, but it must be remembered that—

The separate functions of the two services are quite definite, and any amalgamation of them, such as is suggested in the Minority Report, would, in my judgement—and I have had experience of both—be detrimental and contrary to the public interest.

Dr. Downes thinks that disfranchisement should be reserved for certain cases—for example, persons able to pay but failing to repay for institutional relief. He further thinks that the cost of infirmary construction and administration and the standard of equipment should be inquired into by a Departmental Committee.

Dr. Downes considers want of employment the most pressing subject, and the delay in dealing with it which would result from the breaking up of existing machinery would be most injurious. It needs no great enlargement of present powers to deal with this, but the effectual severance of the idle and vicious from the industrious can only be enforced if relief is in the hands of one authority. Strong dissent is expressed from the proposal that local authorities should provide special work in times of depression, as the machinery of the authority ought to be so constituted as to suffice, with provision for the use of spare accommodation in other localities.

The memorandum concludes with an expression of regret that financial considerations have not been fully dealt with, as the proposals of either report must involve an immediate and unknown outlay of public money.

By MISS OCTAVIA HILL.

Miss Octavia Hill, in a memorandum appended to the Majority Report, says that she signed the Majority Report because she agreed in the main with its proposals, but she differs in the following points:

A statutory committee of the County Council appears to me to be open to the following objections:

1. It tends to the municipalization of the Poor Law.
2. It is comparatively untried machinery.
3. It is, at best, composed mainly of those elected for other duties, and already over-weighted with work.

I should have recommended an *ad hoc* authority elected from an enlarged area, and with a strong nominated or co-opted element. . . .

The scheme for medical relief sketched in the report is not, in my opinion, workable; moreover, it opens the door too widely to free medical relief.

By MR. C. S. LOCH AND MRS. BOSANQUET.

Mr. C. S. Loch and Mrs. Bosanquet also signed the Majority Report, but issue a joint memorandum dealing principally with the provisions for exceptional distress; while agreeing with the principle of there being only one relief authority, they "are strongly of opinion that the treatment of distress, exceptional or other, should be entirely dissociated from the municipalities and from municipal employment."

By MR. T. HANCOCK NUNN.

Mr. T. Hancock Nunn issues a long memorandum as to the functions and constitution of the new Public Assistance Authority and its local committees. He agrees in the main with the Majority Report, and enters into details of the Hampstead system of co-operation by means of a Council of Social Welfare. The main object of the memorandum is to suggest a method of co-operation between the Public Assistance Authority and all the public, endowed, voluntary, and friendly bodies working in its area for the social betterment of the people.

INFANT MORTALITY IN WORKHOUSES.

In view of the statements which have been made with regard to the mortality among infants in workhouses both in the lying-in wards and afterwards, Dr. A. E. Dodson, Medical Officer of the Wandsworth Union, has, in a report to the guardians, abstracted from his records particulars from January 1st, 1892, to December 31st, 1908, relating to the lying-in ward of the workhouse. He finds that during that period 2,414 births took place, of which 615 were legitimate and 1,799 illegitimate. The deaths during the first week were as follows:

Under 1 day old	...	29	Under 5 days old	...	3
" 2 days old	...	12	" 6 "	...	2
" 3 "	...	9	" 7 "	...	3
" 4 "	...	2			

The total 60 was equivalent to a rate of 24.8 per 1,000. From the return on deaths of infants in Poor Law institutions presented to the House of Commons by the Local Government Board in April last, it appears that of 2,653 children born in metropolitan Poor Law institutions in 1907, 112 died within the first week of life—a death-rate of 42.2 per 1,000 births. Of the 60 deaths in Wandsworth, nearly all of illegitimate children, no fewer than 39, or 65 per cent., were due to premature birth; the percentage from this cause shown in the Local Government Board report is 50.89. Of the other deaths at Wandsworth, all were, in Dr. Dodson's opinion, due to prenatal and maternal conditions, the importance of which Mrs. Sidney Webb, in his opinion, improperly minimizes. After observing that the mothers of these illegitimate children came chiefly from the factory hand, hawker, and domestic servant classes, he makes the following observations about prenatal and maternal conditions:

What are "prenatal and maternal conditions"? It must first be conceded that for healthy offspring it is necessary that the mothers while carrying shall be healthy, well fed, and, most important of all, in my opinion, free from worry and anxiety; but what do we find in our workhouse cases?

1. That almost invariably, directly a girl finds out her condition, she doses or is dosed with noxious drugs, patent pills, etc., and an already generally feeble constitution is still further enfeebled.

2. Their position in life prevents the having of anything like appropriate food, etc., for a prospective mother.

3. As regards mental worry, the months of anxious waiting and dread, the prospect of being a social outcast with the burden of a "fatherless" child, must and does have a tremendous effect upon both mother and offspring.

To compare statistics of workhouse cases with those of the "best maternity hospitals" or of the general population, is manifestly unjust and unfair. We deal with an entirely different class, and with experience of all three classes I claim that we have nothing to be ashamed of in a rate of mortality of 24 per 1,000 in infants during the first week. Bred and born under the conditions I have enumerated, children must lack "backbone and stamina" and a power of resistance practically all through their lives.

Many of our lying-in cases are admitted in labour in a filthy condition, half-starved, from insanitary homes, and often after fruitless attempts at delivery have been made by doctors and midwives outside. Our "operative" cases are much above the average of those among the general population, and yet our results are at least as satisfactory as under better conditions outside.

Dr. Dodson then deals *seriatim* with certain statements made as to workhouse nurseries.

1. As to the statement that babies never get into the open air, he says that at the Wandsworth workhouse they are taken into the open air from a few days old; after a month they are, when the weather is fine, sent out in perambulators on to the common with their mothers in charge of a nurse for several hours daily; at other times they are kept by day in well-ventilated and light day-rooms or covered sheds, and by night care is taken that the dormitories are wholesome and well-ventilated.

2. As to the statement that the babies in workhouse nurseries are still handled in the main by pauper women, many feeble-minded and imbecile, Dr. Dodson says that in the Wandsworth workhouse there are no imbeciles, and no feeble-minded inmate is allowed to handle or look after the children; the children are handled by their mothers, who may be paupers, but are not thereby rendered unfit to handle their own children.

3. As to the statement that in some workhouse nurseries there is not even a trained nurse in charge, Dr. Dodson says that at the Wandsworth workhouse there is a charge nurse with two capable assistants by day, and a properly qualified nurse at night, to look after both mothers and children.

4. With regard to the absence of quarantine of newcomers, Dr. Dodson admits the difficulty, pointing out that it is well known that to provide proper quarantine accommodation each unit should be kept quite separate for at least two or three weeks. He continues:

We admit here, to the workhouse, very often forty, fifty, or even more young children a week, and to talk of providing "proper" quarantine accommodation for such a number is obviously impossible and verging on the ridiculous. We place them under clean and sanitary conditions as far as possible in the receiving wards before they are sent to the nurseries, and, in spite of Mrs. Sidney Webb's concluding statement, "No wonder that measles and whooping-cough are troublesome," I must say that my experience does not coincide with her opinion.

INFANTILE MORTALITY IN WORKHOUSES.

SIR,—Your article of June 26th on the Minority Report of the Poor Law Commission brings five definite charges against the Commissioners—namely: (1) That our statistics were misleading, because they included readmissions, and thus the babies who came in sick; (2) that the comparison of the ten best workhouses with the ten worst was based on an unfair selection of populations; (3) that the comparison with the domiciliary work of the Plaistow Maternity Charity was unfair because this latter sent its difficult cases into institutions; (4) that the statistical assumptions on which the figures were based were fallacious; and, in particular, (5) that they ignored the fact that the workhouse nurseries retained the unhealthy babies and discharged the sound ones.

Let me take these one by one. Your contributor more than once assumes, and founds on this assumption some two hundred words of effective argument, (1) that our statistics include infants readmitted to the workhouse after discharge, and therefore presumably ill or deteriorated by outside conditions. *This is not the case.* The facts relate exclusively to the infant's first sojourn in the workhouse. The tabulated results include no deaths after readmission. Then (2) your contributor assumes (and founds on the assumption an accusation of want of "common fairness") that the ten best workhouses cited were selected from districts having contributory populations differing in kind from those served by the ten worst, which have (taken together) eleven times as high a rate of infantile mortality. But your contributor had no ground for this assumption. You would be convinced if you knew the names of the unions, which I should be glad to give you privately, but which I have refrained from publishing in the bad cases. You will find (as the Local Government Board is now aware) that the startling differences between the workhouses—*there are some having literally twenty times as great an infantile mortality-rate as others*—are not explicable on any such hypotheses as your contributor (naturally following on this point the memorandum so hastily prepared by the Poor Law Division of the Board) has put forward. Then your article assumes (3) that the low rate in the domiciliary treatment of the Plaistow Maternity Charity is vitiated by the automatic exclusion of the difficult cases, ignoring the fact that the rate given was expressly stated to include all the deaths in all the difficult cases which were sent to an institution.

I pass now to your contributor's complaint (4), which does not impugn the figures for the first fortnight (in themselves sufficient for my case), about the method of tabulation. Now, this is a matter of statistical science. We were quite aware that any statistical statement that we made, whatever it was, would be denounced by those who would do us the honour of criticism, *in the same terms in which similar statistical revelations have always been denounced.* Most of our critics have very naturally presumed on the fact that we were not ourselves expert statisticians. But we took the obvious precaution of consulting, not one alone, but several eminent statistical and actuarial experts; the method adopted was adopted on the advice thus obtained; and the tabulation was done for us by statistical clerks under expert supervision. We could therefore afford to pass over the animadversions of our non-statistical critics. But, as the point is one of interest to the medical profession, let me say that the plan of assuming the mortality of those who go out to be the same as that of those who remain in is to-day a well-known statistical device in dealing with institutional results, of perfect scientific validity within a certain range, and (provided that, as in our report, its employment is openly stated) not open to any reproach of unfairness. For instance, in the comparison with each other of several analogous institutions dealing with identical diseases, the device (which affects them all in the same way) is, given sufficient range of experience in time and space to eliminate chance factors, not only without objection, but actually the only practicable method of bringing the data into comparison. It is, I may point out, the failure to use this device which led the Poor Law Division of the Local Government into the extraordinary statistical fallacy (in which your contributor has unwittingly followed them) of supposing that adverse

prenatal conditions could possibly have any bearing on the assertions that we made as to the excessive mortality of some workhouses as compared with others adjacent to them.

But I think the use of the device is sometimes misunderstood by non-statistical readers. There is no assumption made as to the fate of the particular infants who leave the workhouse—whether these actually die at a high rate or a low one, after they have been discharged, does not affect the question. It is obvious that if the statistician permitted this fact to affect his conclusions, he would be debiting or crediting the workhouse with mortality caused by outside conditions. The assumption comes to no more than saying that the comparative mortality-rates over a given period of time, of analogous institutions dealing with the same kinds of cases, would not be affected *otherwise than by the influences of the institutions themselves*, by the inmates in the several institutions remaining, some a little longer and some a little shorter time, provided that the total periods are accurately compared. This brings me to your contributor's further complaint (No. 5) that we ignored the fact that it was the healthy babies who were discharged whilst those who had weak constitutions remained in. *You will notice that this consideration, true of all workhouses if true at all, does not explain why one workhouse has an infantile mortality twenty times as great as another workhouse.* But though the criticism would be warranted if we were dealing with a children's hospital, does any workhouse medical officer believe that the actual mortality among the babies who are discharged is less than that among those who remain under his care? What is said by those in touch with life among the very poor is that the subsequent mortality among the infants taken out, including as they do a large majority of the illegitimates, is appallingly great. As a matter of fact, the decision of the mother to discharge herself and the infant appears to me, so far as my experience extends, to have no relation whatever, in the vast majority of cases, to the strength of the child's constitution, or the momentary state of its health.

Let me remind your readers again that four months' adverse criticism has left unimpugned all the statements of fact that we made. Whatever may be thought of the inferences drawn, not a sentence that we used has been shown to be inaccurately expressed. No one has denied that the infants do die as we stated them to die. As you point out, the partial statistics collected by the Local Government Board for about thirty unions in the metropolitan area corroborate our statements, as far as they go. What the controversy has turned upon is whether or not the admittedly high death-rate is to any extent whatever preventable (and therefore is excessive); and if so, whether it can be prevented by any other treatment of the infants, or by any better prenatal protection and help of the mothers.

I am well aware of the disadvantages of all comparative statistics in medical matters; and in the last paragraph of your contributor's article this is the argument used against, not only ours, but any mortality statistics of institutions. I doubt whether it is wise for the medical profession to take this line. It is unfair to the workhouses and workhouse infirmaries which have successfully overcome all the difficulties on which your contributor lays such stress; and have actually demonstrated that the infantile mortality can be brought down, if not to the Rotunda Hospital rate, at least to a rate one-tenth, or even one-twentieth, of that prevailing in other workhouses. To these institutions all honour should be paid. But it is unfair, also, to the staffs working under greater disadvantages. When I think of the overworked and underpaid workhouse doctor struggling against an ignorant and parsimonious board of guardians, I could wish that the BRITISH MEDICAL JOURNAL would bring to his aid the potent lever of comparative statistics. It is all very well to assert that "the only test of efficiency is careful inspection by competent experts." The harassed workhouse doctor, conscious that things are not what they should be, has not the assistance of expert inspection. He knows, though your contributor seems momentarily to have forgotten it, that the 600 workhouse nurseries and sick wards outside the metropolis are not subjected to any annual or regular inspection by competent experts. The only regular inspection, save in

exceptional cases, is by the general inspectors of the Local Government Board—excellent gentlemen, but, as laymen, not competent to form any opinion on nurseries or sick wards. There are only two inspectors for medical purposes, and these, charged as they are with many other duties, can inspect only a small proportion of the seven or eight hundred Poor Law institutions. As you say, "numerous witnesses whose ability to judge is unquestioned, have testified that the management in some workhouses is lamentably bad both in lying-in wards and nurseries." We asserted no more. No more effective weapon can be put into the hand of the zealous workhouse doctor, with which to overcome the resistance of his board, than a statement of the facts in accurate statistical form, with comparisons with other unions known to his board. (If any workhouse medical officer would like to have the calculation made for his own workhouse nursery, I would gladly have the figures confidentially worked out for him, if he would send me the births and deaths for 1908.)

But I am delighted to learn from your article "that Mr. Burns has assured the House of Commons that special investigations were being made by the Medical Department of the Local Government Board, and that a report would be issued." This is good news. I always felt sure that Mr. Burns's well-known enthusiasm for reducing infantile mortality would lead him, at the proper moment, to start an official investigation into the mortality results of lying-in institutions, among which those of the Poor Law constitute so large a proportion. Such a comparative study of workhouse and hospital lying-in wards, with the results for the general populations of the same localities, would do justice to the difficulties under which the Poor Law Medical Service suffers, and lead probably to many valuable improvements for which its members have often asked in vain. In the competent hands of the Chief Medical Officer of the Local Government Board we may well leave the matter, in full confidence that his investigations will not be confined to the bad workhouses or to the good; that his statistics will be beyond cavil by anybody; and that we shall see what light the facts thus ascertained throw on the hypothesis of some hitherto unrecognized endemic influence whenever there is any herding of infants together. We asked only for proper investigation into the workhouse nursery mortality. I am glad to learn from your article that it has now been promised.—I am, etc.,

BEATRICE WEBB.

41, Grosvenor Road, Westminster, S.W. (Mrs. Sidney Webb.)

LITERARY NOTES.

MR. H. K. LEWIS has purchased the remainder of the stock of the New Sydenham Society's publications, comprising the collection of volumes on medicine and surgery, the Pathological Atlas, the Lexicon of Medical Terms, and the Atlas of Clinical Medicine, Surgery, and Pathology, issued by the society during the years 1859-1907. Many of the works were of a pioneer character when issued by the society, and have since acquired a classic and historic importance. The number of copies of each book has been of necessity limited on account of the heavy expense of warehousing a larger stock, and of many of the volumes only a small number remained over. A selection of such volumes as may still remain unsold will be on view at Mr. Lewis's Stand, No. 38 (to left of main entrance), at the Exhibition in connexion with the British Medical Association's Meeting at Belfast in July this year.

Messrs. Baillière, Tindall, and Cox announce that on and after July 1st they will take over the publications of all the books by Sir William Whitla, including *Materia Medica*, *Practice of Medicine*, and his well-known *Dictionary of Treatment*, a new edition of which will be issued in the autumn. They will also in future publish Green's *Pathology and Morbid Anatomy*, a tenth edition of which is now in circulation. These changes are the result of the retirement from business, after more than forty years' work, of Mr. William Renshaw, the head of the old-established firm of Henry Renshaw, which will now cease to exist. Messrs. Baillière, Tindall, and Cox have also the following new works and new editions in preparation. A translation of Dieulafoy's *Textbook of Medicine*, by Dr. V. E. Collins; a third edition of a *Manual of Massage*, by M. A. Ellison; a second edition of

Practical Microscopy, by F. Shillington Scales; a second edition of *Aids to Analysis of Food and Drugs*, by C. G. Moor and W. Partridge; *Sanatorium Treatment of Tuberculosis*, by Dr. Rufenacht Walters; *Surgical Anaesthesia*, by Bellamy Gardner; a third edition of *Aids to Mathematics of Hygiene*, by Dr. R. Bruce Ferguson; a second edition of *Chemical Notes and Equations*, by G. H. Gemmell; *Gynaecological Therapeutics*, by Dr. S. J. Aarons; *Incidence of Sex and Age on Disease*, by Dr. J. Grant Andrew; a second edition of *Menstruation and its Disorders*, by Dr. Arthur E. Giles; and a reprint of the second edition of *Minor Maladies*, by Dr. Leonard Williams.

The Oxford University Press announces the publication of a work by Dr. Raymond Crawford, Physician to King's College Hospital, which deals with a point of historical as well as medical interest. It is entitled *The Last Days of Charles II*, and the primary object of the author has been to establish the true cause of the monarch's death, which has been ascribed by historians to apoplexy.

The President of the Royal College of Surgeons, Sir Henry Morris, has issued a reprint, with slight additions, from the BRITISH MEDICAL JOURNAL of February 20th, 1909, of the Hunterian Oration on John Hunter as a Philosopher, delivered by him, in the presence of Their Royal Highnesses the Prince and Princess of Wales, on February 15th. The additions, which are in the form of appendices, contain much matter of great interest. Thus, speaking of Hunter's brief experience in cabinet making, Sir Henry Morris says that, had it not been for his overmastering love of natural science, his manual dexterity might have been the means of his acquiring fame as a designer and worker in the mechanical and decorative arts, equal to, or greater than, that of the Buhl family, or of Caffieri, Gouthière, Riesener, Sheraton, or Chippendale. In another appendix it is stated that there is not a scintilla of evidence to support the assertion that has sometimes been made that Hunter was fond of low company. Like his brother William, he freely conversed with country folk, thus learning their experience of the common things of life; and when he first came to London his position of demonstrator of anatomy under his brother brought him into contact with "resurrection" men and the keepers of menageries. But this was from necessity, not from choice. Hunter, like most men of science, despised the *vox populi*; he once remarked that he would sooner see his collection destroyed than show it to a "democrate." Sir Henry Morris points out that Hunter's faulty spelling was by no means a proof of his want of education. In his day misspelling was not considered a sign of great ignorance. In proof of this he quotes Macaulay's reference to the incorrect spelling of Lord Bute, who was for some months Prime Minister of England; and the description by Charlotte (in Richardson's *Sir Charles Grandison*) of one of her lovers as "spelling pretty well for a Lord." To these proofs of the toleration with which misspelling was regarded in Hunter's day we add one far stronger. Dr. Samuel Johnson, the "great lexicographer," who reduced the chaos of English spelling to order, did not take the trouble to abide by his own rules. In his letters, published by Birkbeck Hill, we find "persuance," "I cannot butt," "council" (where counsel is meant), "happiest," "Fryday," "solicite," "defense," "pamfiets," "harrassed," "do's" and "dos" (for does), "inventter," "barels," "cloaths" (clothes), "acknowledgement," "distresful," "personale," "Plimouth," "imbecillity," "enervaiting," and "devide." He frequently omitted the possessive apostrophe, writing "bankers book," "doctors prescription." He always spelt the name of his biographer "Boswel," and the name of his friend John Nichols appears variously as "Nichols," "Nicolis," "Nichol," and "Nicol." If John Hunter erred in spelling he did so in the very best company.

Dr. G. H. R. Dabbs has revived his periodical, entitled *My Journal*, which, he says, in 1907-8 had a life of seven numbers. For a long time he has written his thoughts in *Fry's Magazine* and elsewhere, but he prefers in future to be his own mouthpiece. The June number is ushered in by a Reveille Song, which Dr. Dabbs was asked to write by Mrs. Watt Smyth, of the Women's Aërial League. This stirring song was read with great effect by Miss Ruskin at a dinner, over which Mrs. Smyth presided, at the Lyceum Club on June 21st in furtherance of the objects of the league.