they bear to the rest of the functions performed by the Council.

In the matter of the provision of disinfecting apparatus, which is at present voluntary, I also find the provision of efficient means of disinfection of clothing, bedding, etc., almost invariably ignored. Where means have been provided, they are oftentimes of a useless type—hot air apparatus, or sham steam apparatus—and this in the face of well known principles, whereof the use of steam under pressure forms the most prominent feature. As instancing the incompetency of sanitary authorities adequately to deal with the point, I need not go further back than, or do more than quote from, the recent report of Dr. Sergeant, to which I have already referred. He says of Lancashire that “in 100 districts apparatus is wanting for efficient disinfection of clothing, bedding, etc., so that reliance has to be placed on the most inefficient methods; only 31 districts have appliances, but less than half of them are really satisfactory.” Lancashire is not exceptional in this respect, and the matter is one of much importance. Hence here, as in the case of hospitals, county councils should have the power of setting up proper apparatus in localities needing them, preferably of course in connection with infectious hospitals themselves.

(To be continued.)

THE NEW MILITARY HOSPITAL AT ROME.

By SURGEON-COLONEL J. B. HAMILTON, M.D.,

Principal Medical Officer Home District.

THE new Roman Military Hospital is situated to the left rear of the Colosseum, at a distance of about half a mile. The entrance is through a handsome gateway, inside of which a fine flight of broad stone steps leads to the offices and administrative portion of the hospital.

The Medical Director, Colonello-Medico Cav. Eugenio Franchino, personally conducted us round the administrative block, and showed us the bacteriological and microscopical rooms fitted up with every modern convenience and appliance for the investigation of disease. We were shown cultivations and microscopical preparations of the cholera bacillus, as also those of other diseases; the care with which they had been prepared proving that much attention is paid to these studies by Italian medical officers. We were next shown the waiting and diagnosing rooms, in which the fresh admissions are seen and examined. In the latter there were ophthalmoscopes, lenses, etc., of the latest patterns; in fact, all improvements up to date were to be seen therein.

The hospital contains 500 beds, and is constructed on the block system; eight blocks, four on either side of a central corridor, roofed in but open at the sides. At the end of this corridor there is a block containing operating rooms, etc. In addition to these eight blocks there is a detached block for the accommodation of sick officers, each of whom has a neatly furnished separate room, with a common sitting room, baths, waterclosets, etc. This portion of the hospital was very neat and clean, and evidently a most valuable institution in a place like Rome with its garrison of 12,000 men.

We were next shown the kitchen, which was under the charge of Sister nurses, who issued the various diets to the cooks, men of the Sanitary Corps. The Sisters had also charge of the wines, spirits, extras, etc., and issued them according to the orders on the diet sheets. The diets are arranged somewhat on the plan in use in English military hospitals—namely, entire, three-quarters, half, and quarter, with fish, fowl, milk, puddings, etc., as extras. The meat was fairly good, but certainly inferior to that provided in English hospitals. The fowl, fish, etc., were also fairly good. The diets appeared to be well cooked, and, when ready, were put into heated waggons that run on rails to the different blocks; thus, in the coldest weather the sick get their food hot. These waggons were, we were informed, procured from England. Dining rooms are provided for all men able to go to them.

We next visited the operating block, and were shown a room devoted to treatment by galvanism and electricity, all the most modern appliances being available. The instrument room, a model of neatness and completeness, contained a magnificent collection of surgical instruments, all of the most

improved and modern patterns. None of the instruments had either wooden or ivory handles, all being of metal, silver, or nickel-plated. The instruments were arranged on glass shelves in air-tight cabinets, so that at a glance their condition could be seen, and the necessary ones selected. In the same room was an iron cabinet for sterilising instruments before and after use. This is done by means of air heated by gas, so that they can be raised to any desired temperature in a few minutes.

The operation room is semi-circular in shape, and is lighted from above by means of skylights, with a splendid gaslamp and reflectors for use at night. The back of the room is a wall, the semi-circular portion being glass windows, so that there is light from every direction but behind. Curtains are provided outside for shading when the sun falls on any particular section or window. In this room practically everything is glass. The floor is thick glass, and the walls, up to about 8 feet from the ground, are covered with thick plate glass bent to the shape of the walls. We were informed that the glass alone in this room cost 10,000 lire (£400). The operating table is of iron, perforated with holes for drainage and flushing, and movable in every direction by means of simple mechanism. From the back wall protruded six pipes from which india-rubber tubing carried hot and cold water, two strengths of corrosive sublimate solution and two of boric solutions. The tanks containing these are high up on the wall in the outer room, so as to give considerable pressure. During and after an operation the parts can be flushed with hot or cold water, and with such aseptic solutions as may be desired, and when the operation is completed the pressure is sufficient to allow of the walls being washed down, and the floor flushed if considered advisable.

The general wards are clean, airy, well ventilated, and cheerful. The heads of the beds are fully 2 feet from the wall, allowing passage behind them. At the foot of each bed there is a wire net in which the patient's clothes are kept folded when not in wear, and any little personal articles may be deposited therein. The wire netting permits of easy inspection, and no dust can possibly accumulate. Small convenient tables are provided on which men confined to bed can take their meals.

The means of ventilation are ample. Large windows, opening nearly down to the ground, permit of the sick looking out into the well-kept gardens, not, as is too often the case in military hospitals in this country, confining the sick man's view to the bare walls of the ward. Of course the conditions of climate must be taken into consideration; but in a modified form this plan is worthy of imitation. There were also openings about 2 feet from the ground, to admit fresh air through gratings, and others near the ceiling—all being provided with simple means for closing. The baths are numerous and clean; provided with hot and cold water. The waterclosets are simply marble slabs with circular holes, so placed that a person must squat on his heels to make use of them. This appears a bad system, especially for weakly men, but nightstools are provided for such cases. These waterclosets are automatically flushed every twenty minutes. Not a very satisfactory system. They were, however, all sweet and in good sanitary order. The nursing in the general wards is carried out by Sisters of religious orders, the men of the Sanitary Corps performing the same duties as our Medical Staff Corps.

The chief disease under treatment was, as with us, venereal, but the numbers were not nearly so large as might be expected from the size of the garrison. The infectious portion of the hospital is entirely cut off by a high boundary wall and gate, and contains separate wards for enteric fever, small-pox, scarlet fever, etc. The nursing of the sick seemed well carried out, and everything possible appeared to be done for their comfort.

In the mortuary and *post-mortem* room the arrangements are admirable. The building consists of two storeys, in the upper being the *post-mortem* room itself, and a chamber off it in which the bodies lie from the time they are taken from the wards till the necropsy is made. The *post-mortem* tables are most ingenious, and well worthy of imitation, especially in tropical climates. Each table is provided with a movable top, perforated with holes about half an inch in diameter, quite close to one another. The under portion is hollow, and

has an arrangement for draining off fluids that may run through. The hollow portion of the table below terminates in a large tube about ten inches in diameter, and this passes under the floor through the wall into a furnace outside. When a *post mortem* is being conducted the furnace is lit, and being supplied by air entirely through the ten-inch tube creates a draught from the corpse downwards through the numerous holes. Thus in the hottest weather a *post mortem* can be conducted without any unpleasant odour, as the air is drawn from the operator down through the perforated table. In India such a system would be invaluable, not only in military hospitals in hot weather, but more especially in civil stations, where in cases of murder *post-mortem* examinations have frequently to be conducted on corpses in the last stage of putridity, brought long distances from the surrounding district.

The disinfecting chamber is a large room containing a furnace, a boiler, and the disinfecting apparatus. The latter is a large iron cylinder lying lengthways, the end of which forms the door. Two sets of rails are laid down, one over the other, on which two small trucks run on wheels. The bedding, clothes, etc., are packed on these trucks, the end of the cylinder is opened, the two trucks are run in, and steam, superheated to 280° F., is admitted. When the articles are considered to be thoroughly saturated with steam, the door is opened, the trucks drawn out, and the articles allowed to cool. Leather articles are washed and fumigated with sulphur.

Telephones run all through the hospital. The grounds are very prettily laid out with shrubs and flower beds, and garden seats are provided for the patients. A fine block of quarters with stabling for the mounted officers exists in the enclosure, and they are all arranged most comfortably.

The staff of this hospital consists of: one tenente-colonello-medico; one adjutant-major, tenente-medico; and ten medical officers. There are also fifteen Sisters who carry on the nursing and diet duties, and 150 men of the Sanitary Corps. There are also four civil apothecaries who attend daily to make up medicines. The men of the Sanitary Corps seem to be well selected, fine broad-chested, able men, well qualified to carry wounded men out of action, and they compare most favourably with the men of the Medical Staff Corps enlisted under the present regulation of a standard between 5 ft. 3 in. and 5 ft. 5 in., with a chest of 33 in.

During a career of over thirty-three years in every part of the world, I have never seen anything so completely equipped and in such perfect order as this military hospital. In conclusion, I desire to place on record my sense of the great courtesy and kindness shown to Brigade-Surgeon Jazdowski, R.P., and myself by Colonello-Medico Cav. Eugenio Franchino and his staff during our visit.

THE REGISTRATION OF MIDWIVES.

SELECT COMMITTEE OF THE HOUSE OF COMMONS.

Letter from Mr. Braxton Hicks.—Evidence of Dr. Williams, Miss A. McCall, M.D., Miss Leah Garratt, and Mrs. Beddingfield.

At the resumed sitting of the Select Committee of the House of Commons on the Registration of Midwives on Friday, July 7th, under the chairmanship of Mr. FELL PEASE, a letter was read from Mr. Braxton Hicks, who gave evidence at the last sitting, supplementing his evidence by stating that there was another point to which he wished to call attention in regard to the registration and supervision of midwives. There was a certain class of women who professed to be midwives who started establishments for lying-in. What went on inside those establishments was to him a matter of very grave suspicion. He thought they were responsible for the newly-born dead babies found, and something should be done to register and supervise them.

Dr. WILLIAMS (Cardiff) medical officer for a division of the county of Glamorganshire, stated that he wished to call attention to the abnormal number of cases of puerperal fever in the district, the Ogmore Valley, with 13,000 population, where all the cases were attended by midwives. He had reported on the matter to the County Council. From May, 1888, to June, 1893, there were 32 deaths from puerperal fever and peritonitis. The women who attended these cases had received

no training, and were entirely ignorant of the value of antiseptics, and, after attending a fatal case of puerperal fever, they went and attended another confinement. Three months ago the County Council took steps, and he believed, until then, the midwives were not aware of the danger of carrying infection. He recommended that midwives who attended a case of puerperal fever should be prohibited from attending another case for two months. Instruction should also be given to midwives with regard to their disinfecting themselves and the clothes and bedding. The training of midwives should also be encouraged. It was not the custom of doctors to attend midwifery cases in the district except when specially called in. He believed there was a class for the teaching of midwifery being started in connection with the union workhouse, but it was only just lately. As long as a woman proved herself competent, he would not make any distinction as to her being certificated. He believed a properly trained and qualified woman was more likely to call in a doctor at the proper time, for at present a good many women did not know when they should be called in, and, consequently, did not try to get a medical man until it was too late. Students should have sick-bed training in a lying-in hospital; he believed a kind of school could be added to the workhouse infirmary, although, perhaps, there would hardly be enough work. He would have women better instructed in the use of antiseptics.

By Mr. STEVENS: As a rule, a doctor, after attending a case of puerperal fever, would leave his practice for some weeks. He would not have midwives attend another case of confinement for two months after attending a case of puerperal fever, and he supposed that should apply to the medical officers as well.

Sir F. W. FITZWYGRAM: But supposing a surgeon, directly after an absence of six weeks, attended another case of puerperal fever, and so on, how would he live?—The best way he could, I suppose.

Further examined, Witness said he believed midwives were vehicles for puerperal fever. Putting other considerations aside, he thought it would be a good thing if midwifery was dissociated from general medical practice.

Miss ANNIE MCCALL, M.D., visiting medical officer to Clapham Maternity Hospital, and director of the Clapham School of Midwifery, said that at that hospital they charged the women 5s., which had to be paid before admittance. They also had about 300 cases a year at the patients' own homes. Altogether they had had about 3,000 cases, and had had only one death. They had no man doctor connected with the institution. Many of their confinements were first cases of labour. They were very strict about antiseptics, and trained students from the first to use them. She believed the reason they had so few fatal cases was that directly the students saw anything going wrong they called in the assistance of the medical officers. She thought a midwife should be certified at the place she was trained at, and then pass an examination before being registered. She did not think such a system would hurt the practice of medical men. She believed women preferred a woman to attend them apart from the payment of fees. Their students did not nurse, although at the Battersea branch of the hospital they were taught to wash the baby, etc. In London there was no difficulty in getting cases, and she thought students should have experience in out-patient and in-patient work. As far as the time required for the training of ordinary midwives was concerned, that depended upon the amount of the intelligence of the person, but three months would be the minimum in the case of well-educated women. In districts where they had trained nurses the old untrained ones were disappearing. It might be that if midwives became more educated the medical men might feel it in their practice, but she could not help thinking that the higher trained they became the more likely they would be to call in the doctor in serious cases.

Miss LEAH GARRATT, late district nurse (Gotherington, Gloucestershire), said she had attended confinement cases in the rural district. She thought it was because of the cheapness of midwives that women preferred them to medical men. Where there were skilled midwives, the untrained ones were disappearing. She thought every midwife should be a trained nurse.