Mr. ADAMS referred to the experiments of M. Brachet in confirmation of the opinion which he had advanced.

Dr. TRUMAN wished to ask how long it might be supposed that the artery communicated with the abscess, in the case which had been just related. He did not, for his part, imagine that the communication could have existed for any considerable time. Had such been the case, a greater or lesser quantity of pus must have found its way into the current of the circulation; and the members of the society were well aware of the dangerous effects produced by any accident of this kind. It seemed to him (Dr. Truman) that the artery must have given way shortly before the operation; perhaps the struggles of the child might have determined the rupture of the vessel.

Mr. DALRYMPLE, in answer to the last speaker, observed, that surgeons were well aware of the fact that an artery might communicate for weeks and weeks with the cavity of an abscess, and no serious consequences result; the danger alluded to by the last speaker was altogether chimerical. With reference to the propriety of employing the grooved needle, he (Mr. Dalrymple) did not see what difference it made whether the tumour was opened by an exploring needle, or, as in the present instance, by a small knife; the ultimate effects would be the same in both instances. He did not, therefore, think that any blame could be attached to the manner of opening the tumour in the case now under consideration. This was a very insignificant circumstance.

Dr. JAMES JOHNSON coincided with Mr. Dalrymple in his remarks on the point started by Dr. Truman. He (Dr. J.) did not see how any matter could find its way from the abscess into the artery. But, even admitting the possibility of such an occurrence, was it one of so dangerous a nature as Dr. Truman seemed to think? Every day's experience furnished examples of cases in which absorption of matter from abscesses took place without producing any alarming or dangerous effects.

Dr. WILLIAMS would not give any opinion on the surgical merits of the operation which had formed the subject of the present debate; he would, however, observe, that the existence of a bruit de soufflé alone was no proof whatever of the presence of aneurism. He remembered a case in which this bruit existed so loud as almost to resemble the sound of a hautboy, yet after death nothing was found except contraction of the innominate, near its origin from the heart. Pulsation, also, was not a sign to be depended on, when it existed alone; and this remark applied particularly to children, in whom the circulation was apt to be excited by such a variety of causes. In conclusion, he (Dr. Williams) would say, that in the case which had been related to them by Mr. Liston, there was every reason to think that the operation had not been hastily or improperly performed.

ROYAL ACADEMY OF MEDICINE, PARIS.

March 1, 1842.

LITHOTRITY.—ALKALINE REMEDIES FOR STONE.

M. Segalas read a report on two cases of stone forwarded by Dr. Testel, in one of which lithotritry had been performed without success.

The first was the case of a man 69 years of age, who had undergone the operation several times at Paris. On returning to the country he was seized, with symptoms of peritonitis, and died. The body was examined and a calculus, as large as a hen's egg, found in the bladder. Close to the spot on which the stone lay, and corresponding to a very rough point on its surface, the wall of the bladder was torn through into the peritoneal cavity. The bladder contained 15 other calculi

of much smaller size, some of them formed by fragments of the large calculus. M. Segalas thinks that, in the hands of a surgeon accustomed to perform lithotritry, perforation of the bladder cannot occur, and that the accident in the present case depended on the friction of the rough surface of the calculus, against the inflamed bladder, during a long journey.

The second case was relative to a man, 60 years of age, who had experienced for some time pain and difficulty of making water. M. Testel sounded him, and thought that he discovered a stone, but the patient refused to have an operation performed on him. The patient was therefore submitted to the use of alkaline remedies during three months, and recovered. M. Segalas, however, remarks on this case, that M. Testel was unable to detect a stone when he sounded the patient a second time, and that the pain, while making water, had disappeared before the man commenced taking alkalines.

REPORT

ON THE

TREATMENT, CONDITION, AND MORTALITY

OF

THE INFANT CHILDREN IN THE WORKHOUSE OF THE NORTH DUBLIN UNION.

By EVORY KENNEDY, M.D., and D. J. CORRIGAN, M.D.

In the 19th number of this Journal we published some remarks on the state of the children in the workhouse of the North Dublin Union. The observations which we then made were chiefly based on certain statements advanced by the medical officers to the workhouse, Dr. Duncan and Dr. Kirkpatrick. Since that period an investigation has been made, under the direction of the commissioners, into the state of the North Dublin workhouse, and two eminent physicians, Dr. Corrigan and Dr. Evory Kennedy, have been employed to draw up a medical report "on the general condition and treatment of the pauper children under two years of age." From the personal knowledge which we have of the gentlemen by whom the medical report is signed, we are convinced that this part of the investigation, at least, was conducted impartially as well as skilfully. We therefore transfer the report (slightly abridged) to our pages; our readers in Dublin will peruse it with interest; and it contains much information which cannot fail to be useful in any future investigations of a similar kind.

The workhouse is well situated, being in the extreme north western boundary of the city, the ground on which it stands possessing an elevation of 10 feet 8 inches above the level of Stephen's-green, and being only 2 feet 2 inches below the level of Mountjoy-square.

Lying-in Ward, No. 61.—This ward contains eleven beds. The number of occupants necessarily varies very much. On the night preceding our visit, including nurse-tenders and attendants, 9 women and 5 infants slept in it. It contains 10,929 cubic feet, and afforded to each individual of the number that slept in it the preceding night, 780 cubic feet of air, undergoing, by its ventilators, &c., a continual change. The floor is boarded. The light and supply of air are amply sufficient. The bedclothes for each bed consist of a thick cotton rug, a double blanket, and a pair of linen sheets, which appeared to be an adequate supply. The sheets and dresses are changed once a-week. The diet varies according to the nature

and wants of each particular case; but, as a general rule, half a pound of bread and half a pint of milk, are allowed daily to each infant from the time of its birth; and one and a half pints of milk, one pint of tea, one quart of whey, and from one to one and a quarter pound of bread daily, with gruel occasionally to the mother. Both mothers and infants appeared to be doing well, and the bedding and all the furniture of the ward were cleanly and in good order.

Amongst several suggestions for the improvement of this ward, the reporters propose that it should be a regulation of the ward to supply every bed with fresh straw on some appointed day in every fortnight, as well as on the reception of each patient, and with more frequent changes whenever required.

There appears to be some irregularity, and occasionally deficiency, in the supply of gruel to the lying-in women. Women in their confinement should have an ample supply of such nourishment.

We would strongly enforce the necessity of having an educated midwife in charge of the lying-in wards instead of the present nurse-tender, who is not qualified to undertake as much of the duty as falls to her share.

Day Rooms.—(Ward No. 52.)—This is the original day-room, which had been occupied by nursing mothers with their children under two years of age, from the opening of the workhouse in May, 1840, to the 24th December, 1841, with the exception of about four months spent by them in another day-room. The number of nurses in this room when occupied was generally about 30, and of children from 34 to 37. This room contains about 12,009 cubic feet of atmospheric air, or about 180 cubic feet to each occupant.

The room had been without a fire and unoccupied for some days before our visit—the floor and walls were perfectly free from damp.

This room has a northern aspect, is badly lighted, and there are no means of affording sufficient ventilation without exposing the inmates to injurious currents of air. Another circumstance renders this room objectionable: in the upper part of the wall separating it from the able-bodied women's work-room, there are four permanently open ventilators, measuring 3 feet 6 inches by 3 feet. The work-room was very much crowded, and according to accidental circumstances of the door and windows being shut or open, portions of the vitiated atmosphere of this room must flow through the ventilators into the children's day-room. Any communication between the atmosphere of the women's work-room and the room appropriated to the nurses and children is objectionable.

For the reasons specified we cannot recommend ward 52 as a day-room.

On the opposite side of the yard, and with a southern aspect, is the room (now converted into a chapel), which had been occupied by the nurses and children as a day-room for the period of four months already alluded to—viz, from February to June last.

The floor of this room is flagged, and is slightly raised above the level of the ground immediately close to it, but it is four inches below the level of the old day-room, No. 52. This room contains 16,260 cubic feet of atmospheric air, or about 242½ cubic feet to each occupant.

It is better lighted and better ventilated than ward 52, but a flagged floor is occasionally damp on the surface. The building is only one story high, and lies against the main building of the workhouse, which rises three stories over it. From these and other objections, which it shares in common with ward No. 52, we do not recommend it as a day-room for the nurses and infant children.

Dormitories.—Ward No. 50.—Occupied by nursing mothers and their children under two years of age,

from the opening of the house to 6th of last November, runs north and south, and is 2 feet above the ground level and boarded. This ward contains 31 double beds, with lateral inter spaces between the beds of about 6 inches. The number of nurses sleeping in it averaged about 30 with as many infants; on the occasion of a press for room in the house, 46 women and 35 children slept in this room for two nights.

This room contains 15,126 cubic feet of air, and supposing it to accommodate on an average 30 nurses and 30 infants, would afford to each individual 252 cubic feet of air undergoing a change through ventilators, windows, and fire-places.

We found the bedding of this ward (reported to us to have been the same used by the nurses and children) amply sufficient and clean.

Present Dormitory.—Ward, No. 48.—This ward has both northern and southern aspect; is in length 96 feet 10 inches, in breadth 19 feet 11 inches, and in height 12 feet 6 inches. At our visit it contained 29 nurses and 30 infants. There is a separate bed allotted to each nurse with her infant. There were 16 able-bodied women sleeping in it, exclusive of the nurses in the ward. The able-bodied women should be removed. Supposing this room to be appropriated solely to the nurses and children, and the average number to be the same—viz, 30 nurses and 30 infants, this room, measuring 24,065 cubic feet, would afford to each individual 401 cubic feet of air. The ward on this point alone has great advantage over the two wards we have previously noticed, independently of its enjoying on both sides a most free circulation of air. We have, therefore, no hesitation in expressing our decided approbation of this ward, as the dormitory for the infants.

It may be well to give at one view the space allowed to each individual in these dormitories:—

The allowance to each individual is in the Lying-in Ward	
Ward	No. 61—780 cubic feet.
In Dormitory	50—252 „
„	42—308 „
„	48—401 „

In soldiers' sleeping rooms at royal barracks, containing accoutrements, clothes, arms, tables, forms, &c. 378 „

In more modern barracks somewhat more room is allowed.

Having thus examined the several rooms and dormitories, the reporters offer several suggestions for their improvement, which we are unable to insert, from want of space.

Health of Nurses.—The nurses appeared in good health, although deficient in their capabilities as wet-nurses. Three of them were in hospital—one for an affection of the lungs, the second for hernia, and the third for a slight febrile affection.

Food.—As the children up to two years of age are all at their mother's breast, the dietary of the nurse attracted our attention equally with that of the infants.

Each nurse is supplied with two meals daily; breakfast at 10 and dinner at 4, the former consisting of 2 lbs. and a quarter of thick stirabout, and a pint of sweet milk; the latter of 3½ lbs. of potatoes and a pint of buttermilk. We examined the milk, potatoes, and stirabout, and they appeared of excellent quality. A few of the nurses are allowed bread and milk, under medical direction, and they get a pint of soup at dinner every Monday and Thursday. These meals are taken in the common dining hall, after the other occupants have dined, the children in the mean time being left in charge of some of the able-bodied females. No nurse is allowed to carry away with her, from the dining hall, any portion of her food. From 5, p.m., to 10, a.m., is too long a period for wet-nurses to be without food, and we are of opinion that giving an evening meal of milk gruel about 9 o'clock, p.m., is

necessary to the health of mother and child; or what might be a better arrangement, the nurses to have their morning meal at half-past 8 or 9, their mid-day meal at 2 p.m., and their evening meal at 8 or 9 p.m., instead of the present hours. This arrangement, independently of its promoting a better supply of parent's milk for the infant, would secure the bread and milk given out for the children being devoted to their own use.

Children.—The children up to two years of age are not separated from their mothers. We first examined the 28 children in the day-room. They were generally pale, with a soft flaccid state of the limbs, and the majority attenuated. A few, however, were comparatively more thriving, and more particularly two out of the five shown to us as having been born in the workhouse (one of seven, the other eight months old). Five of the children had slight enlargement of the glands of the neck, the majority had been ailing and in hospital once or twice since their admission. Of the 23 who came into the workhouse, the mothers stated that 15 were in good health on their admission, that the other 8 were labouring under disease, and 2 of them stated that their children had improved since admission. Of 42 children in the workhouse under two years of age on our visit, 14 were in hospital, 6 labouring under affections of the chest (some of them phthisical), 2 had diarrhœa, 2 had whooping cough, 1 was suffering under disease of the brain, 1 had slight ophthalmia, 1 tabes mesenterica, and 1 had a slight febrile attack.

The hospital arrangements for the children are defective. The children labouring under contagious diseases are not separated from other children who may happen to be in hospital at the same time; some cases illustrative of the inconvenience resulting from this came under our observation. This is a defect requiring to be remedied. Should severe epidemics make their appearance, it will be difficult to prevent them from spreading through adults as well as children. The immediate insulation of a contagious disease, on its appearance among infants, is peculiarly necessary, from the greater mortality occurring in the early periods of life.

Morbidity and Mortality of the Children under Two Years of Age.—We found it impossible to arrive at satisfactory conclusions as to the actual amount of sickness that had occurred in the house; the want of separate wards for the children, and the difficulties necessarily attendant on the opening and formation of so large an establishment, together with the hospital books returning frequently the names of both nurse and child, where only one of them was under treatment, prevented our getting precise information on the amount of morbidity that actually occurred among the children. We give, however, the following hospital report furnished to us, for twelve months, commencing May, 1840, the only period for which we could obtain a return:—

Hooping Cough	16
" complicated with Pneumonia	6
Consumption	3
Pneumonia and Consumption	2
Pemphigus	1
Ditto and Consumption	1
Convulsions	1
Small-pox	1
Bronchitis	11
Pneumonia	6
" complicated with Consumption	1
Diarrhœa	3
Consumption	8
Measles	1
" with Convulsions	1
Scarlatina	9
Itch	1

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Brought forward	72
Pemphigus Gangrenosus	1
Herpes	1
Teething	3
Scrofula	1
Small-pox	3
Chicken-pock	3
Ophthalmia	10
Hydrocephalus	6
" with Consumption	2
Remittent Fever	4
Marasmus	2
Abscess	1
Convulsions	5
Febricula	1
Worms	1
Diarrhœa	8
Cholic	3
Diseases not specified	30

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The tables of mortality have, however, been accurately kept, and the following is the report handed to us:—

Total admissions from opening of house, 11th	
May, 1840, to 1st January, 1842	275
Discharged	129
Died	98
Remaining in house	48

Which makes the proportion of those admitted, that died in the workhouse, 35½ per cent.

It is difficult to form a perfectly accurate estimate whether this mortality is above or below the mean mortality of children under exactly similar circumstances; for, with the exception of the report of the South Dublin Union Workhouse, we are not in possession of returns from any similar institution, where a constantly changing population under two years of age, the duration of residence varying from one day up to 19 months, forms an element of the question; and the difficulty is still further increased, by the workhouse reports not furnishing a statement of the health of the children on admission. To afford all the means in our power of coming to a conclusion on the amount of mortality in the North Dublin Union Workhouse, we subjoin the following data and calculations, derived from various sources, of the mortality of children under two years of age.

By the report of the South Dublin Union Workhouse, from its opening in April, 1840, to the present January, 1842, it appears that there were—

Admitted	208
Discharged	86
Died	71
Remaining in the house	48

Which gives a mortality of 35¼ per cent. on the admissions.

The Registrar General's Reports for England have not yet extended over a sufficient period to enable us to draw any accurate conclusion from them.

The last census for Ireland is not sufficiently advanced to afford us the necessary information. The commissioners have, however, handed to us the only returns made out—viz., from Drogheda and Tullamore, giving the ratio of deaths in relation, not to the births, but to the existing population, under 2 years of age, for an average of 5 years; their return gives a mortality—

In Drogheda, of 26 per cent.;
In Tullamore, of 28 per cent.

M'Culloch, in his mortality tables, gives the following as the mortality of infant life in the cities of London, Vienna, and Berlin. Of 1,000 children born at the same period in those cities, there will be alive, at the end of two years, in London, 548; Vienna, 471; Berlin, 528; giving 48 per cent. as the mortality of

children under two years of age in those three great cities.

With the view of ascertaining, as nearly as possible, the rate of mortality among the children under two years of age in the poorest classes of our own country, we questioned the married women of the workhouse as to the total number of their children, and the proportion that died under two years of age, before their admission into the workhouse; we had the same inquiries made of the women who happened to be in the Lying-in Hospital, and of the women in the Mendicity. Our examination included from 200 to 300 women. Of 1,000 children born, 340 died within two years, being a mortality of 34 per cent. In Sweden the mortality of children under two years of age, including all classes of society, is 25½ per cent.; in France, 32¼ per cent. The mortality of children varies much in the different classes of society, being far greater among the poor than the rich, the want of food and of the necessary comforts having a serious effect in destroying infant life. The mortality of the children sent from the Foundling Hospital of Vienna to be nursed in the surrounding country has been found to fluctuate according to the plenty or scarcity of the current season. In Paris the mortality among the children of the arrondissements inhabited by the poorer classes is, at the lowest calculation, twice the mortality occurring in the arrondissements inhabited by the wealthier classes. The same has been observed throughout France; in the poorer departments one-fourth of the children die within the first year; in the richer departments only the same number die within five years.

But the mortality still increases in deserted children, who, with their other deprivations, suffer the loss of the mother's care. The reports of the Foundling Hospital of Dublin are before us for 34 years (its improved period), including from 1798 to 1831. Of 51,527 children received into the house, there died in the interval before being sent to nurse 12,153, being a ratio of 23 per cent. 700 were returned to their parents, and of the remaining 38,674 sent to nurse in the country, there died under two years of age 15,252, being a mortality of 39½ per cent. on the children sent to nurse, the average annual mortality on the total number for the period of 34 years being 53.8-10ths per cent.

The records of foreign foundling hospitals, with very few exceptions, exhibit a much higher rate of mortality than even this.

The police commissioners have placed in our hands the returns of deserted children found by the police in the city of Dublin from the establishment of the force in 1838 to the present time. In three of the divisions, the average time which the children remained in charge of the police being four days, is too short to permit us to draw any conclusion from their tables; and as the returns of the fourth division do not specify the time the children remained in their charge, we are also precluded from using them. The table of D division gives us, however, very full information.

The number of deserted children found in this division from January, 1838, to January, 1842, amounted to 75, who varied in age from 1 day to 21 months, with the exception of one child aged 2½ years; of the whole number, 34 were reported healthy. The children were, on an average, about 5 months supported at nurse out of the police fund. Of the 75, 42 are dead, being a mortality of 56 per cent.

We have applied to all the parishes of Dublin for returns of the deserted children, the number received and sent to nurse, number that died each year, &c. In some of the parishes the books are either so badly kept as to be useless, or there are no books at all. The reply sent us in one instance was, that "the overseers do not keep either a record of their proceedings, or a registry of the children under their care. They trust to memory for the number and names of the children

placed at nurse," &c. Similar answers have been received from others. The following are the parochial returns, we have succeeded in obtaining, of the mortality of deserted children under 2 years of age:—

	Mortality, per Cent.
St. Catherine's Parish	36
St. George's	75½
St. Mary's	56¼
St. Peter's	49½
St. Mark's	51½
St. Michael's	60

Ventilation.—We consider the modes of ventilation, at present in use in all the rooms appropriated to the children, defective.

To render ventilation efficient, there should be, 1st, abundant space; 2nd, the air should be ever changing; and 3rd, the room should be as free as possible from draughts. To secure the first, we have recommended the exclusive appropriation of the large wards, No. 48 as a dormitory, and 43 as a day-room. Although convinced of the advantages derivable from the number of occupants being strictly apportioned to the size of the chamber, yet, as a favourable opportunity existed of testing the accuracy of the principle, we visited the Hibernian School in the Phoenix-park, and obtained its medical statistics for several years from Dr. Elkington.

These returns give for the years 1828, 1829, and 1830, the proportion of 262 per cent. as having passed through hospital, when the number of pupils amounted to 600, its full complement, while only 187 per cent. passed through hospital in the years 1832, 1833, and 1834, when the number of inmates, by a reduction of the establishment, was diminished to about one-half.

The decrease in deaths of the infants of the Dublin Lying-in Hospital from 1 in 6 to 1 in 20, that followed the diminution of the number of occupants in the wards, and introduction of improved ventilation, effected by the late Dr. Joseph Clarke, confirm the advantages of ventilation and the necessity of not permitting the number of occupants in the infants' room of the workhouse to exceed that at present accommodated. But no matter how large the chamber, or what number of cubic feet of air each person is allowed, unless its continual change be provided for, the air must become vitiated and injurious to health. Arrangements must therefore be made for securing a constant change or circulation of air, where so many individuals occupy the same chamber.

The ventilation at present is dependent on windows, doors, and chimnies; but, as Dr. Birkbeck has very properly observed, "doors are for passages, windows are for light, and there should be apertures for ventilation." The windows constitute an excellent means of ventilation when the occupants are out of the wards, and should then all be kept open; but the worst means when the occupants are within the wards, as in the latter case it is impossible to prevent the inmates shutting them, and if left open, particularly unprotected as they generally are by any contrivance calculated to direct the currents from those within, it is doubtful whether they do not produce a greater degree of mischief than of good. The supply of so vital a necessary to human life as air, should be so provided for as to render it impossible that it could be interrupted by any accidental interference, whilst its introduction should be so regulated as to guard against converting one of the prime necessities of life into an active cause of disease.

Pending the institution of a more comprehensive system of ventilation, we would recommend provision to be made for securing the supply and escape of 360 feet of air per minute, in each of the infant wards. The arrangements for effecting this should be independent of windows and doors, which may thus be kept closed, when the rooms are occupied.

The simplest and safest expedient for effecting this

object will be the leading up several funnels or air-tubes from different parts of the ceiling in each ward, to communicate with the external atmosphere, either by opening into the space between the upper ceiling and the roof, from which the impure air can be discharged through louvred windows, or these tubes may open directly through the roof itself, terminating with a cap, to prevent down-draughts. This object will be further accomplished, and the portion of air next the ceiling, which is usually the most impure, will be drawn into the tubes in horizontal currents, by placing at a few inches from the mouth of the air-tube within the room, a circular disc, spreading some distance beyond the aperture. Having provided for the exit of the vitiated air, some modification of the following plan should be adopted, in order to afford an equal supply of pure air. Several openings may be made through the sides of the wards, at different points, on a level with the floor, over which perforated zinc plates should be secured, to regulate the admission of the air; the amount of air to be admitted through them being equivalent to that which escapes.

We would recommend the zinc plates to be perforated with holes of not more than one-eighth of an inch in diameter, and about one inch asunder. The air passing through will then enter the room in streams so fine and so far asunder from one another, that it will almost immediately, by its intimate mixture with the internal air, acquire a mean temperature.

Each ventilator may be a cast metal funnellet into the wall, slightly curved to prevent the lodgment of rain, with the wider or inner end one foot square, covered with the zinc plate perforated as described, and the outer or smaller end diminishing to an opening of two inches square.

Food for Infants.—Each nurse receives, for the daily use of her child, three quarters of a pound of bread, and half a pint of milk, both of excellent quality.

We are of opinion that for *very young infants* a less solid food than bread and milk would answer better, such as barley or grot gruel, carefully made and fresh, with a greater or less proportion of milk according to their ages. Under the most favourable circumstances, the practice of mothers continuing children at their breasts after the first year is questionable, but under the circumstances in which mothers in a workhouse are generally placed, we look upon the practice as highly injurious, and one on which the prejudices of the parent, however strong, should yield. We doubt not, therefore, that taking the children from their mothers' breasts at a year old at farthest, and at a more fearful period where a necessity is indicated, would tend considerably towards securing good constitutional health in children at this period.

As a further means of effecting this object and preventing the occurrence of disease, an extra allowance of milk, animal soups, or at a more advanced age even a small quantity of animal food, should be allowed to those children who are not thriving, although not fit subjects for hospital.

Clothing.—Each infant is provided with a calico shirt, a flannel waistcoat, a linsey petticoat, and a check calico frock, and shoes; some of them also had socks and calico pinafores. The material of which the clothes are made is excellent, but the arms and chest are too much exposed; it would be conducive to the children's health to have sleeves added to their present dresses, and to have them altered in conformity with those of the children from 2 to 5 years of age at present in the workhouse. The clothing of the children generally is in a more cleanly state than is usual with children in similar walks of life in their own homes; but still not as cleanly in many particulars as it might be. No provision exists for guarding the infant from cold on going up and down stairs from one part to another of the building, or even on going into the yards; but we were informed

that when the nurses and children were occasionally brought out to the garden they have lately been allowed to wear their blankets for this purpose.

The nurses ought each to be furnished, in addition to their present dress, with about two yards of wider drugget or baize, which they can wrap round their children and themselves on their being exposed to changes of temperature: a precaution quite as necessary to preserve the health of the nursing mother as the infant, and one which will deprive her of the only excuse she at present has for not being in the open air as much as her own and her child's health require.

Ablution.—The prejudice of the mothers against the use of the bath for their infants was such that we were informed they had rebelled *en masse* against its employment; in fact, we found but one out of the 30 who gave her child the advantage of this adjunct to health—most of the others rested satisfied with washing the face, some the limbs, and a few the hands and arms of their infants, but not one of them washed the whole body. The health of the child depends so much on the proper performance of the functions of the skin, which can only be secured in infancy by the daily use of the bath, that this prejudice should be immediately overcome, and a regular and safe system of ablution introduced and persisted in; these observations would apply with equal justice to mothers and children.

The superintendent immediately in charge of the nursery and responsible to the matron, is one of the paupers themselves; she possesses no influence to enforce attention to the rules. There is a want of a fitting person to be placed over the nursery department, whose superior station and decision would give her sufficient weight and influence to introduce better habits in the nursery in this as well as in other particulars.

Exercise in the Open Air.—There does not seem to be sufficient strictness in enforcing the rules upon this subject, yet upon their observance depends very much of the health of both nurse and child. We were informed that in this matter the nurses were most intractable, many of them remaining with their children confined to the wards for weeks, despite the repeated solicitations of those placed in charge of them. Exercise in the open air, however, is so vitally essential to parent and infant that it should not be left optional. In fact, there should be an established order for the day-rooms to be vacated, and if necessary locked for several hours in each day throughout the summer, and for at least two hours every day, the weather at all permitting it, in winter. The garden, as being more open to fresh air and light, is much better adapted as a place for exercise than the courts. In summer, benches ought to be placed in it. In winter, it is safer not to have seats, as the more the nurses move about whilst in the open air the better, but a shed should be erected in the garden to afford them shelter when required; and in order to correct their indolent and sedentary life some light occupation ought to be imposed on them.

HOUSE OF COMMONS

Tuesday, March 8.

BURIAL OF THE DEAD IN LARGE TOWNS.

Mr. MACKINNON said, in rising to bring forward the motion of which he had given notice, he trusted he should be excused for the few remarks he was about to make on a subject of such grave importance. He had been first induced to bring it forward in consequence of having been appointed on the select committee on the health of towns the session before last, when this question had incidentally come under their consideration, and it then appeared to him of so much